cartificate be executed within 24 hours after death. the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificals be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10760 CERTIFICATE OF DEATH

10762 Reg. Dist. No. //6

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF	ECEASED	
COUNTY Dorchester	MARYLAND	STATE Mary]	and county	Dorc	hester
CITY (If outside corporete limits, write RURAL OR end give nearest town)	LENGTH OF STAY	CITY (if outside com	porete limits, write RURAL		
Cambridge	Life	TOWN Cambr	anhir		13
HOSPITAL OR	DITO	STREET		iva location)	2
street Address Cambridge Md Hos	spital	ADDRESS			1
3. NAME OF (first) (Middle)	(Lest)	4. DATE (MA	onth) (Dey) (Yaar)
	orsia	Banks	OF DEATH N	ov 17	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIE	D, I 8. DATE	OF BIRTH	9. AGE last birthday	I IF UNDER 1 YEA	
Female Negro (Spacify)		8-55	yrs,	Months Day	s Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS	11. BIRTHPLACE (State or for	eign country)		IZEN OF WHAT
done during most of working life, even if retired) — — — — — — — — — — — — — — — — — — —	INDUSTRY	Maryland		US	DUNTRY?
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN	NAME	1 00.	ATA
Hanald Lamer Cooper					
Harold Leroy Cooper 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	AM MAL STALIBLES ALM	Rosa Le	e Banks		
(Yes, no, or unk.) (If Yes, give wer or detas of service)	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS Miss	Rosa Le	e Banks
7		-	Churc	h Creek	. Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CI	RTIFICATION		i ii	NTERVAL BETWEEN
-0:-/	manahannan	manta			JUSEL AND DEATH
MMEDIATE CAUSE (A)	ronchopneu	monta			
ANTECEDENT CAUSE(S) DUE TO					
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST, DUE TO					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION				2D. AUTOPSY?
0				Y	ES NO
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
	INJURY OCCURRED	211. HOW DID INJURY OCC	UR?		
M. While					
and I because another than I amounted the de-	Oct 1	a SS No	77 17 EE		
22. I hereby certify that I attended the decea	sed from W.W.W.R.A.	.g, 19	Y #. (, that I fast .	saw the deceased
alive on NOV 17, 19,55 and	that death occurred	atM, from the	causes and on the	date stated ab	ove.
y 2000-70		ADI	PRESS (Street, city, to	wn, stete)	DATE SIGNED
J. Edwin Fas	sett, M.D.	227 Pine St-	Cambridge	Md -1	1-24-55
23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY C	R CREMATORY	LOCATION (City, toy	vn, or county)	(State)
Burial 11-19-55	Waugh Co	metery	Cambrid		
24, REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2012 VID	25 FUNERAL DIRECTORS	SIGNATURE 10	ADDRI	camb. Md.
DATE / 1 YELL ON I	100	A CONTRACTOR OF THE PARTY OF TH		100	

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Charles and the same of the sa

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urs after death.

TO FUNERAL DIRECTOR: The law requires that the death untificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

A15C 1-55 10M

S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10782CERTIFICATE OF DEATH

10753

			Re	g. Dist. No.	1.1.6
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
county Dorchester	MARYLAND	STATE Marylan	nd county	Dorcheste	er
CITY (If outside corporete fimits, write RURAL OR end give necrest lown)	LENGTH OF STAY (in this place)	OR	rete fimits, write RURAL an	d give neerest town)
X TOWN Rural Cambridge	2 years	TOWN Rural	Cambridge		×
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home		STREET ADDRESS	(If rurel give	n location)	1
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Lest)	4. DATE (Mont OF DEATH N	-1	{Year}
5. SEX 6. COLOR OR 7. SINGLE, MARE		ramble OF BIRTH	9. AGE last birthdey	IF UNDER 1 YEAR	1955 HE UNDER 24 HRS.
M RACE WIDOWED, DI (Specify)	Worked, M Augus	t 26, 1988	39 yrs.	Months Days	Hours Min.
done during most of working life, even if	ND OF BUSINESS R INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZI	EN OF WHAT
reliced General Manager Auto	Sales	Woolfords, Man	ryland	U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
Soloman F. Bramble		Effie Apr	legarth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 (Yes, no, or unk.) (If Yes, give wer or dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT & 7	DDRESS		
	213-12-5637	Mrs. Woodr	row Bramble	Cambrida	re. Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	A	IMI	ERVAL BETWEEN SET AND DEATH
119A 1	1	, Infan	The same	- /	1/2 Pro -
ANTECEDENT CALLEGE DUE TO		7 / /		1	- Cont
DISEASES OR CONDITIONS, IF ANY, (B)		<u>'</u>			
STATING UNDERLYING CAUSE LAST, DUE TO					
(C) LE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 1 19b. MAJOR FINDINGS	OF OPERATION				A AUTODOVA
The ball of orderion	OF OFERATION			YES	O. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hon OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, ITE ETHER, NOTIFY MEDICAL EXAMINER)	ne, ferm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCUP	(City or town)	(County)	(State)
Wi	Not while work	21f. HOW DID INJURY OCCU	27		
22. I hereby certify that I attended the dece	ased from 8 - 2	1954,10 11	- 24 1055	that I last so	w the deceased
11 711 6-		M, from the c			
SIGNATURE	5 mar 45am 544am 6		RESS (Street, city, town		DATE SIGNED
Manna	M.D.	Cambrida	e Snd	. 11	-26-5
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY OF	CREMATORY O	LOCATION (City, town	, or county)	(Stete)
Burial 11/27/55 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATUR	Old Trinity	Cementery 25. FUNERAL DIRECTOR'S	Church Cr	eek, Mary	land
DATE 11-27-1955 HANY	hace M. 1	LECOMPTE FUR		E Cambrio	dge. Md.

STATE OF ARTHUR OF ARTHUR OF THE STATE OF TH

DESCRIPTION OF DEATH

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10783CERTIFICATE OF DEATH

10764

	Reg. Dist	. No/
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY DORCHESTER MARYLAND	STATE MARYLA BOTHTY DOK	chester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR enginglive nearest town)	CITY (If outside corporate limits, write RURAL and give nee	rest fown)
X TOWN CAMBAILER PT. #213 MOS.	TOWN CAMBRIDGE	81,2 X
HOSPITAL OR HOSPITATION OR STREET ADDRESS SHAMAS MILLS HOME	STREET (If rure) give location) ADDRESS	1
3. NAME OF DECRASED (First) (Middle) (Type or Print) ROBERT. R	RONALIN SEATH NO.	(Doy) (Yeer) 29 1853
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (WIDOWED, DIVORCED, (Specify)	OF BIRTH 9. AGE last birthday 14 1885 70 yrs. IF UNDER Months	1 YEAR IF UNDER 24 HRS
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) ARMER OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12 SALEM, Md,	COUNTRY?
13. FATHER'S NAME JAMES BROBAUN	MARY Christoph	OP
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yas, giva war or dates of servica) 218-20-696	9 MRS Thomas Mills	Rt.2. Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
420, / IMMEDIATE CAUSE (A) Cerebral th	rombosis	1 day
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	eart disease	6-8 yrs.
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or fown) (Cour	ty) (Stata)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED Willa M. at work at work to at work to the structure of	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-3-45 alive on 11-29-5519, and that death occurred a signature m.p. 9	19, to 11-29-559, that I 2:10PM, from the causes and on the date state ADDRESS (Street, city, town, steta) Race St., Cambridge, Maryl	d above. DATE SIGNED
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL (SPECIFY) BURIAL (SPECIFY) BURIAL (SPECIFY) BURIAL (SPECIFY) BURIAL (SPECIFY)	R CREMATORY LOCATION (City, town, or county MARKET EASTNEW MA	
24. REC'D BY REGISTRAR REGISTRARYS SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ERVICE

AL ARDAINIAD BY ADMINISTRATION OF THE ANALYSIS ON A LYSIA WAR

HTASCERTIFICATE CRESCATH

BUREAU V. S.

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BECEINED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIM

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				UT	U DOWN	

IURE,	
Reg.	Dist. 1,0.765
OF DEC	EASED:

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
county Dorchester MARYLAND	STATE Maryland county Dorch	ester
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
OR and give nearest town) (in this place)	TOWN Combridge	300
O TOWN Cambridge Life	Jambi rago	10
INSTITUTION OR	ADDRESS	Jan 40 -
of street address 516 Pine St	516 Pine St	
		ay) (Year)
DECEASED: (Type or Print) Sophia J. Bro	omwell DEATH: NOV	27 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday Ir unorn i yo	
Female Negro Specify: Widow May	4. 1866 89 yrs. Months D	ys Hours Min.
DA USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired: Housewife	Dorchester-Co-Md.	USA
nousewile: :	14. MOTHER'S MAIDEN NAME:	UDA
Richard Jolley	Nancy Bailey	
Was, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
of service)	Maggie Waters - Cambridg	e, Md.
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	7	ONSET AND DEATH
420.0 Condia.	Decomposation	
IMMEDIATE CAUSE (A) CAPULAT	c Decompensation	
ANTECEDENT CAUSE (8)		
	e Arteriosclerotic Heart	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	Disease	
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		YES NO
1A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, facts	ory. 21c. WHERE DID (City or town) (Count	r) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from NOV	20 . 19.55 to Nov . 27 . 1955, that I last	saw the deceased
alive on Nov 27, 19 55 and that death occurred at		
signature	ADDRESS and on the date s	tated above. E SIGNED
Mal Flance - las		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	o. 227 Pine St-Camb., Md	county) (State)
REMOVAL (SPECIFY)	d Cemetery Oldfield-Do	
	a ooooz j	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS St_Camb Md
REGISTRAR 1835 - May 1 hale 11.11	H. M. StClair, Jr., -High	50-Canto.

BUREAU V. S.

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DECENTED

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10766

10762 CERTIFICATE OF DEATH

Reg. Dist. No. / / B

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (It outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside corporete limits, write RURAL end give nearest town)
OR and give nearest town) (in this place)	UK TOWN
- Campirage Tirecrite	Campriage
HOSPITAL OR	STREET (il rural give location) ADDRESS
STREET ADDRESS Cambridge Md. Hosp.	105 Peachbhossom Ave.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) EUGENE n.	DEATH
	BROOKS NOV. 14 19 55 TE OF BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24
RACE WIDOWED, DIVORCED.	Months Days Hours I
M W (Specify) M NOT	7. 24. 1895 59 yrs. Months 2003
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY	COUNTRY?
Merchant Grocery	Woolford, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jefferson D. Brooks	Maranda Parker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Wes, no, or unk.) (If Yes, give wer or deles of service)	
No. 214-07-7320	Mrs. Brooks
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEE
331X	ONSET AND DEA
IMMEDIATE CAUSE (A)	my occlusion 3/4/h
ANTECEDENT CAUSE(S) DUE TO	0
DISEASES OR CONDITIONS, IF ANY, (B)	1 hourstiere / hone
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	1 4 8
(c) generalis	ortine aclessis 4 cm
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
The part of the pa	YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, Jarm, Jactory,	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	The transfer of the transfer o
21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED	211. HOW DID INJURY OCCUR?
M. at work at work	1
22. I hereby certify that I attended the deceased from [0]	8, 19 5, to 11 1/1. 4, 19 5, that I last saw the dece
	d at
SIGNATURE	ADDRESS (Street, city, town, steta) DATE SIG
Leurene Manyanor Mo	
Mit.	136 Kue St. Campidge, my 1/18/
23. BURIAL, CREMATION, DATE HEREOF NAME OF CEMETERY REMOVAL (SPECIFY)	OR CREMATORY LOCATION (City, fown, or county) (Sta
Burial 11/17/55 Dorcheste	er Memorial Park Cambridge Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
- Yle in west (All V lac V)	TROOMER BURERAT OPPUTOR OF THE S
DATE 1 160 11 1453 TOTAL 1 hace 14.	LECOMPTE FUNERAL SERVICE Cambridge M

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UNISCENTIFICATE OF DEATH

BUREAU V. S.

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24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10763 CERTIFICATE OF DEATH

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	g. Dist		1/6	
) OF DE	CEASE)		
COUNTY]	Dorch	este	f	
RURAL an	d give nee	rest fown)		
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If rurel give	location)			1
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E (Mont	h)	(Dey)	(You	r)
TH 1	<u>l</u>	. 7	195	5
irthdey	IF UNDER	1 YEAR	IF UNDER Hours	24 HRS.
yrs.	MORINS	Days	riours	Min.
	12	. CITIZEN	OF WHA	\T
		U.S.		
	,		~	
6 G:	reen	St.	City	
		INTER	VAL BETW	TEEN
1g2 era		UNSI	CA21	AIM
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era	1128	H	101	11/0
(1			'	1
			AUTOPS NO	
vn)	(Coun	*	(Slete)	

후속	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
the at	county Dorchester MARYLAND	STATE Maryland COUNTY Dorchestef
bour ector,	CITY (If outside corporate limits, write RURAL (in this place) Cambridge Cambridge	CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN Cambrilee 13
registrar within 72 hours after by the funeral director, the th	HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Green Street	STREET (H rurel give location) ADDRESS 6 Green St.
frar wil	3. NAME OF (First) (Middle) DECEASED (Type or Print) Harry L. Bucha	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH 77 7 1955
by L	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W 6/13	
with the		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ely fi	13. FATHER'S NAME	Maryland U.S.A.
complet	John Buchanan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or detes of service)	Not Known 17. Informant & Address
certific n and a buria	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
DIRECTOR: The law requires that the death certificate be filed with the is been executed by the attending physician and completely filled in ale assembly should be detached for use as a burial transit permit.	ANTECEDENT CAUSE (A) ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERTYING CAUSE LAST. DUE TO	lerosis generalized royrs
aquires the attend	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
aw r	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
The Interest of Shoule	21e. ACCIDENT WAS UNDERLYING 2 21b. PLACE (Homa, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
embly	21d. TIME OF INJURY (Month) (Day) (Yeer) (Mour) 21e. INJURY OCCURRED While Not while at work	II. HOW DID INJURY OCCUR?
FUNERAL DIRECTOR: The law certificate has been executed by death certificate assembly should EASC 1-55 10M		, 19, to
FUNERAL ertificate ha Seath certific	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, Nown, or county) (State)
TO FUI Certii deall VS A15C	REMOVAL (SPECIFY) Burial 1/- 9- 5 Brick Church 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	h Yard Taylors Island Md.
	DATE 11-9-35 (11 Km Y hace.) A P	LeCompte Funeral Service



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. // 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND porporate limits, write RURAL CITY(if outside/copporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest toy (in this place) OR TOWN wenz HOSPITAL OR STREET (If rural give location) INSTITUTION OR 4 ADDRESS STREET MDDRESS (Middle) (Last) DATE (Month) (Day) (Year) DECEASED: OF OK (Type or Print) DEATH: COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday! IF UNDER I YEAR | IF UNDER 24 HRS. WIDOWED DIVORCED Hours (Specify): IOA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT OR INDUSTRY work done during most of working life. COUNTRY? even if retired); CLERK 2.5 IRANSPORTATION 13. FATHER'S MAME: MOTHER'S MAIDEN 17. INFORMANT & **ADDRESS** IS. WAS DECRARED EVER IN U.S. ARMED FORCEST 15, SOCIAL SECURITY NO. (Yes, no, or hink.) (If kes, give war or dates MEDICAL CERTIFICATION INTERVAL DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING wdend We-TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 194 DATE OF OPERATION: | 188, MAJOR FINDINGS OF OPERATION 20. AUTOPSY1 YES. NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while at work at work /0-/7, 195.1 to //-/7 , 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from and that death occurred at 9:42 PM, from the causes and on the date stated above. SIGNATURE DATE SIGNED NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) 23. BURIAL, CREMATION, THEREOF DATE REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE FUNERAL DIRECTO ADDRESS DATE REC'D

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MARYLAND STATE DEPARTMENT OF HEALTH_BALTIMODE 10

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AFTA	DICAT.	TAY A MA	TATEDIS	CULT	PARTITION	A PHYSICA	OT	TATE	AI

1. PLACE OF DEATH:		2. USUAL RESIDENC	E (HOME) OF DECEASED	:
COUNTY Doronester	MARYLAND	1 35.3) 17
CITY (15 autoida anumanata limita uvita			orporate limits write RURAl	
OR and give nearest town) TOWN	(in this place)	11 OR	Orbotage unite attention	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	nington St.	STREET ADDRESS 1	(If rural, give located Washington	ion)
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Month) OF DEATH	(Day) (Year)
SEX: +6. COLOR OR +7. SI		HIELL E OF BIRTH: 19.	AGE last birthday: IF UND	1.9
RACE: W	becita): JI, L G OF	no 12, 1 4	yrs. Month	Days Hours Min
Oa. USUAL OCCUPATION (Give kind of work done during most of work life even if retIred): I appropr	e. 10b. KIND OF BUSINESS OF INDUSTRY: Seafor 1 Prox		(State or foreign country):	12. CITIZEN OF WILL COUNTRY?
3. FATHER'S NAME;	1 2001 7 7 2 107	14. MOTHER'S MAID		1
Robert Dashiell			Vaters	
15. WAS DECEASED EVER IN U.S. ARMED FOR	CES? 16 SOCIAL SECURITY NO.	17 INFORMANT & AL	DDECG.	
(1 co, no, or unk.) (11 1 co, give war or unven	OI			
no service)	1.14-07-0000	CAL CERTIFICATION	th Asniells (immorise, 1
Antecedent cause(s)		Production of the second se	***************************************	71,,,,,
Diseases or conditions, if any, (b)			* *** * * * * * * * *	
giving rise to the above cause DUE T				
II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING		·	
TO THE DEATH BUT NOT RELA				
TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING	TED TO THE DEATH.		41.11.6 341.00	ASP .
DISEASE OR CONDITION CAUSING	TED TO THE DEATH.	· · · · · · · · · · · · · · · · · · ·		
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO 21a. EXTERNAL CAUSE WAS 1 2	TED TO THE DEATH.	y, { 21c. (City or town) (County)	20. AUTOPSY? Yes \(\text{No} \(\text{(State)} \)
DISEASE OR CONDITION CAUSING 9a. DATE OF OPERATION: 19b. MAJO 11a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 11d. TIME (Month) (Day) (Year) (House of Death)	TED TO THE DEATH. OR FINDING OF OPERATION; 1b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY 17) 21e. INJURY OCCURRED While at Not while	y, { 21c. (City or town		Yes 🗆 No [
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO 21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (How Of Injury	TED TO THE DEATH. DR FINDING OF OPERATION; 1b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY 17 21e. INJURY OCCURRED While at Not while Work at work 4. Work 4. Work	y, 21c. (City or town	JURY OCCURT	Yes No [(State)
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (How OF INJURY) 22. I hereby certify that I took ch	TED TO THE DEATH. DR FINDING OF OPERATION; 1b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY 12 le. INJURY OCCURRED While at Work Marge of the remains described.	y, 21c. (City or town 21f. HOW DID IN 21f. how above, held an	JURY OCCURT	Yes No [(State)
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hou OF INJURY 22. I hereby certify that I took che find that death resulted from:	TED TO THE DEATH. DR FINDING OF OPERATION; 1b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY 12 le. INJURY OCCURRED While at Work Marge of the remains described.	21c. (City or town 21f. HOW DID IN ibed above, held an ident [], Suicide [CHIEF DEPUT	JURY OCCURT	Yes No [(State)
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO 21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (How OF INJURY) 22. I hereby certify that I took che find that death resulted from: SIGNATURE 23. BURIAL, CREMATION, DATE THE REMOVAL (Specify): 124 / 0.77	TED TO THE DEATH. OR FINDING OF OPERATION: 1b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY While at Not while at work uarge of the remains descr. Natural causes [], Acc.	y. 21c. (City or town 21f. HOW DID IN ibed above, held an ident □, Suicide □ CHIEF DEPUT M. D. ASSIST. RY OR CREMATORY	JURY OCCURT Autopsy , Inspection , Homicide , Uncomedical Examiner MEDICAL EXAMINER	(State) (State) I A, Inquiry , a determined cause DATE SIGNE
DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO 21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hou OF INJURY 22. I hereby certify that I took che find that death resulted from: SIGNATURE 23. BURIAL, CREMATION, DATE THE REMOVAL (Specify): 11/27/	TED TO THE DEATH. DE FINDING OF OPERATION; 1b. PLACE (Home, farm, factor OF street, office bldg., etc. INJURY) To 21c. INJURY OCCURRED While at Not while work at work at work at work the work at work the work at work the work at work the work	y. 21c. (City or town 21f. HOW DID IN ibed above, held an ident □, Suicide □ CHIEF DEPUT M. D. ASSIST. RY OR CREMATORY	Autopsy , Inspection , Homicide , Und MEDICAL EXAMINER MEDICAL EXAMINER ANT MEDICAL EXAM. LOCATION (City, town,	Yes No (State) I A, Inquiry D, determined cause

Herbert St. Clair v. brile.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING



10765 CERTIFICATE OF DEATH Reg. Dist. No. 116

1. PLACE OF DEATH. COUNTY Darchester MARYLAND	2. USUAL RESIDENCE (HOMEY OF DECEASED COUNTY	a your
3 CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give hearest town)	CITY (R outside corporate limits, write RURAX and give OR TOWN	o nearest town)
7 HOSPITAL OR JANUTETA Malyan	STREET (Il rural, give location)	ral !
3. NAME OF DECEASED (Fight) (Middle) (Type or Print)	Duhh Last (Month)	(Day) (Year)
Male White Widness, Divorced	10/10/1888 67 yrs. Months.	-10
done domps most a working life ween if retired to the light for the ligh	II. Bliray LACE (State or foreign country)	OUNTRY!
18. FATHER'S NAME AT - Durn	Margaret farray	4-
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Xes, ng/or unknown) (Hyear, give war or dates of gervice)	This formant and address	
i. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
1443 X Immediate cause (a) Cerebral	Hemonkage	30 km
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause isat	à Cardiovasanlor Disense	in.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	А	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE INJURY PLACE (Home, iarm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from	7, 1955, to	aw the deceased
alive on	ADDRESS	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE / NAME OF CLASES	ERY OR MEMATRIX INDATION CITY, LOWE, OF COUNTY	Ket That.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Filloughbe	ADDRESS
100, 2, 100	VIO AND POLICE DAYSKIND	11-211

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death certificate assembly should

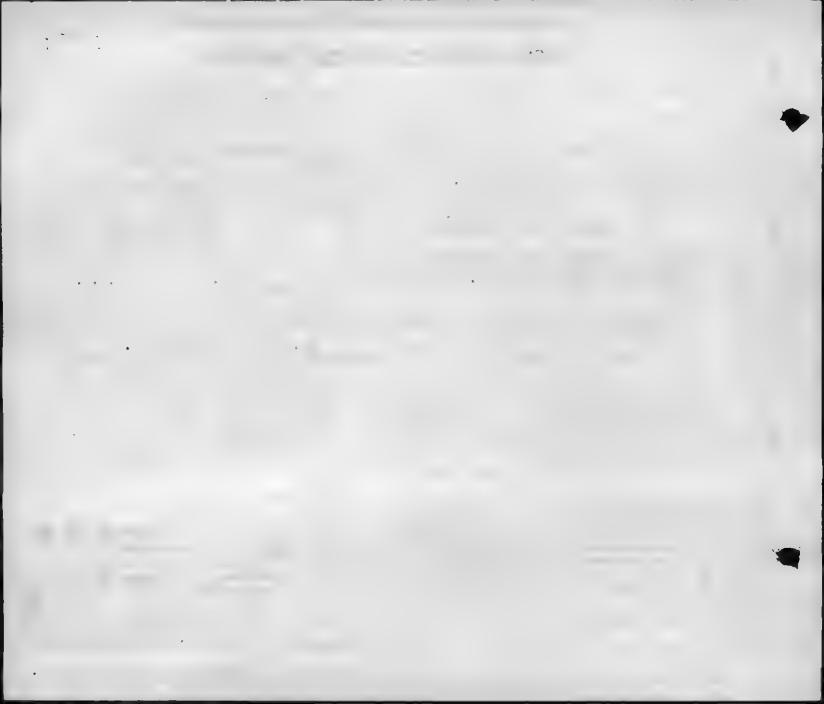
VS A15C 1-55 10HB

10766 CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH	2. USUAL RESIDEN	(CE (HOME) OF DE	ECEASED	
COUNTY Dorchester MARYLAND	STATE Maryla	nd COUNTY	Dorchest	er
CTTY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give nearest lown) (In this place)	CITY (If outside corpo	rete limits, write RURAL or	nd give necrest town)	
/3 TOWN Cambridge	TOWN Camb	ridge		1:
HOSPITAL OR	STREET	(If rure) giv	e location)	
ANSTITUTION OR Cambridge Md Hospital	ADDRESS			
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Mon	ih) (Dey)	(Yeer)
[Type or Print] Barbara Jean	Edwards	DEATH N	OV 20	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE O		9. AGE last birthday		UNDER 24 HRS.
Female Negro (Specify) single 11-9	50		Months Deys	Hours Min.
Female Negro (Specify) single 11-9	11. BIRTHPLACE (State or fore	yrs.	12. CITIZEN C	I WHAT
done during most of working life, even if OR INDUSTRY		gn country)	COUNTRY	
relirad)	Maryland		USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN			
Warren Edwards	Orine 3			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS 67 Rob	bins St	
(Yes, no, or unk.) (If Yas, give war or detas of service)	Mrs. Orir	e Edwards	-Cambridge	e.Md.
18, MEDICAL CER			INTERVA	L BETWEEN
TOUSEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSEL	AND DEATH
762.5 IMMEDIATE CAUSE (A) Promaturo-A	telectasis			
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B)				
STATING UNDERLYING CAUSE LAST. DUE TO				
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				UTOPSY?
	A LANGE BIR BUILDING COL	D 9 46%	YES _	NO L
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bldg., etc.] (IF EITHER, NOTHEY MEDICAL EXAMINER)	13c WHERE DID INJURY OCCU	K! (Cily or lown)	(County)	(Stefe)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21a, INJURY OCCURRED	21. HOW DID INJURY OCCU	R?		
M. el work st work				
22. I hereby certify that I attended the deceased from Nov 9.	19 55 10 NOV	20, ₁₉ 55	that I last saw t	ne deceased
alive on NOV 20 a. 1955 and that death occurred at				
SIGNATURE (& L		RESS (Street, city, town		TE SIGNED
. Edwin Fassett. M.D. 2	27 Pine St-0	lembridge	MA -11-21	ニムス
23. BURIAL, CREMATION, PARE OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY	Cambridge .	, or county)	(State)
Burial 11-21-55 Waugh Com	eterv	Cambridg	e-Dor-Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	725. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	363
DATE 11.21-38 What I hall Ih. K	MUNICIPAL BACKS	MY DOWNER	h-St-Camb	., Md.
		10		





VS A15C 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

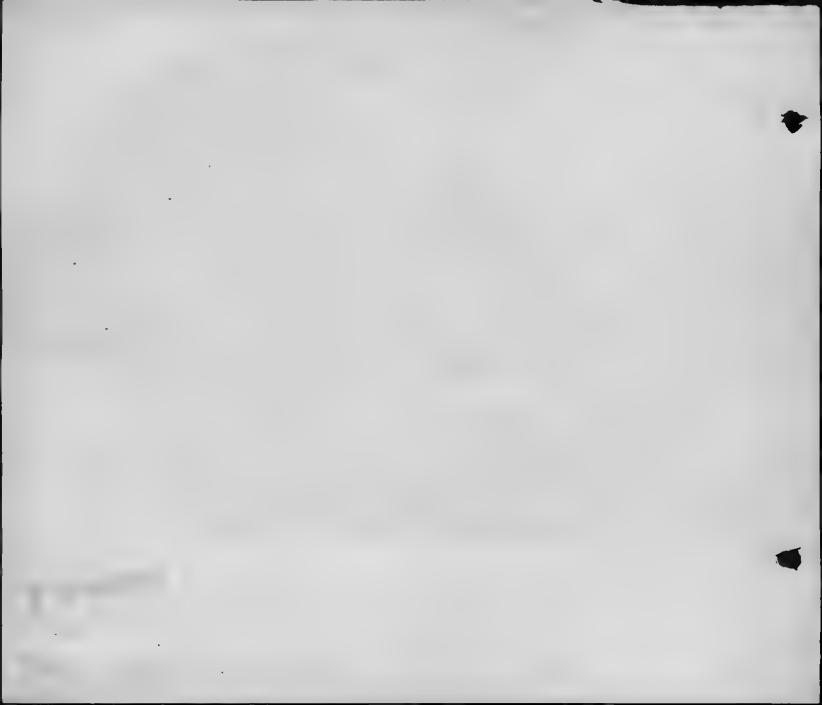
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Cambridge.

TOTOCER	IIICMI	E OF DEA	Reg. D	ist. No
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECEAS	SED
COUNTY Dorchester CITY (if outside corporate lymits, write RURAL OR and give nearest town) A TOWN Cambridge	MARYLAND LENGTH OF STAY (in this place) 1 day	STATE Marylar CITY (Houtside corpor OR TOWN Golden	rete limits, write RURAL and give	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Harylan 3. NAME OF (First)		STREET ADDRESS	(# rural give location	
HARIOTA HOUSE	LL	GOOTEE	4. DATE (Month) OF DEATH NOV.	(Pey) (Year) 25 1955
F GOLOR OR 7. SINGLE, MARRIEL WIDOWED, DIVC (Specify) M	Nov	. 22. 1898	57 yrs Month:	
	OF BUSINESS INDUSTRY	II. BIRTHPLACE (Stete or foreign Lakesville, Mc	1.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
John Tall	SOCIAL SECURITY NO.	Alexina Har	pper DDRESS	
To diseases or conditions directly leading to death Immediate cause (A)	None 18. MEDICAL C	errification lowdo	des Gootee Gold	en Hill Md INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	trebe	tes Sulle	leorasealor desa	5 ms.
TI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
190. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION			20. AUTOPSY? YES NO
216. ACCIDENT WAS UNDERLYING 216. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bidg., etc.)	21c. WHERE DID INJURY OCCUP	?? (City or town) (C	ounty) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While M. et wo		214. HOW DID INJURY OCCUP	0	
alive on	that death occurred	at 5 4 pM, from the c	auses and on the date st RESS, (Street, city sown, steet	ated above. DATE SIGNED 1/-26-53
23. BURIÁL, CREMATION, REMOVAL (SPECIFY) BURIAL NOV. 28.195	NAME OF CEMETERY		Cambridge	Maryland
DATE YOUR 28 195! CHEST Y ha	u dr. U	r Memorial Park 25. FUNERAL DIRECTOR'S LECOMPTE FUN		ADDRESS

ANGO		
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg	07.74
	A PROPERTY AND A PROPERTY AND MAKE A PROPERTY AND A	116
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester	r
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN LENGTH OF STAY (in this place) entire life	CITY (If outside corporate limits write RURAL and give OR TOWN Cambridge	nearest town)
HOSPITAL OR STREET ADDRESS Race Street	STREET (If rural, give location) ADDRESS Shepherd Ave.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(4320 0) 1 (130)	Jould DEATH Nov.15,1955	19
RACE: WIDOWED, DIVORCED,		Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Optician	COU	ZEN OF WHAT NTRY? J.S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7 9 12 9
James R.Gould	Edith Willey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of Yes service) World War 2 214-07-8005	17. INFORMANT & ADDRESS: Shepherd Ave. Mrs. Elizabeth H. Gould, Cambridge, Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420./ Immediate cause (a)	On	ERVAL BETWEEN SET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rice to the above cause stating underlying cause last (c)		**())*
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20.	AUTOPSY! Yes □ No ☑
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., et INJURY	Co.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes , Acc SIGNATURE	ident [], Suicide [], Homicide [], Undetermine CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. []	ed cause ATE SIGNED
REMOVAL (Specify): Burial Nov.17.1955 Cambridge C DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ery Or CREMATORY LOCATION (City, town, or county) Cemetery Cambridge, Md. 24. FUNERAL DIRECTOR	(State) ADDRESS
Nov. 12 1955 Gran Nace VI. D	Kenneth R. Thomas, Cambridge, Md.	



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DIRECTOR:

FUNERAL

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executed

certificate

death

has

certificate

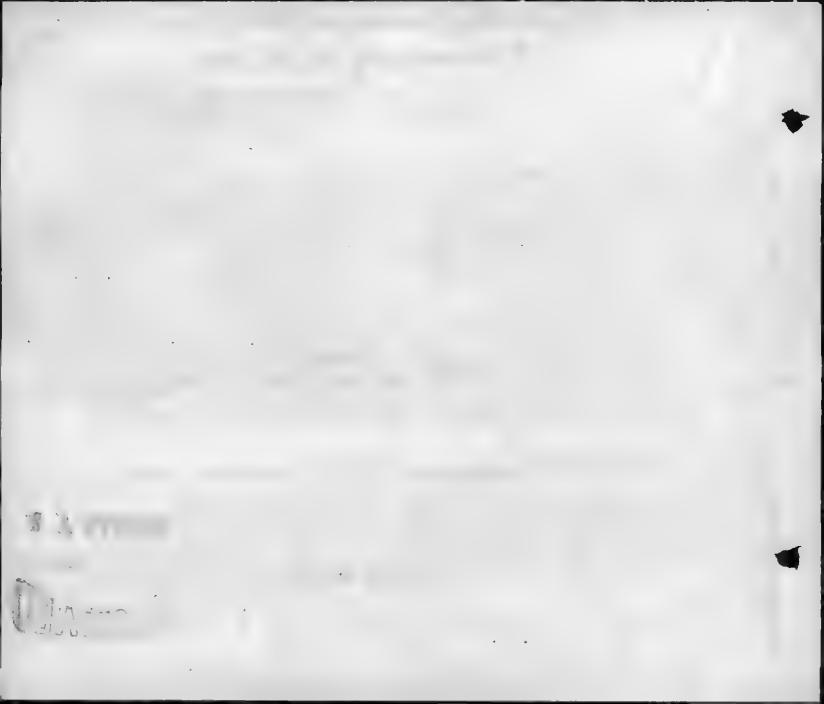
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10785 CERTIFICATE OF DEATH

10775

Reg. Dist. No. ... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Dorchester Dorchester Maryland COUNTY MARYLAND STATE COUNTY LENGTH OF STAY (If outside corporate limits, write RURAL end give nearest town) (If outside corporete limits, write RURAL CITY Hurlock - Rural (in this place) Hurlock - Rural TOWN TOWN HOSPITAL OR STREET (Il rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Petersburg Petersburg NAME OF (Middle) 4. DATE (Month) (Lest) (Day) (Year) DECEASED Hughes Bertha (Type or Print) Mae DEATH November S. SEX 6. COLOR OR SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS Colored WIDOWED, DIVORCED, (Specify) VICOWED July 6, 1892 Months Hours Female 10e, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS CITIZEN OF WHAT done during most of working life, even if retired) HOUSEWOOK OR INDUSTRY COUNTRY? Dorchester Co. Maryland rlome 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Aldridge Emma Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, arunk.) (If Yes, give war or detex of service) Unknown Lillian V. Shephard, Philadelphia, Pa. I' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSEIST DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D SEASE OR CONDITION CAUSING DEATH 19 a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO T 21a. ACCIDENT WAS UNDERLYING IT 21b. PLACE (Home, lerm, lactory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) OR CONTRIBUTING | CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? White Not while at work et work and that death occurred at 9:55 .M. from the causes and on the date stated above. ADDRESS (Street, city, town, stell) Federalsburg. Nov. 26,1955 Maryland M.D. BUR AL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) A15C REMOVAL (SPECIFY) Nov. 27,195\$ Petersburg Cemetery Near Huclock, Maryland Burial REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.J. Fram; tom and Son, Federalsburg, rd.



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VS.	

10786 MARYLAND STATE	DEPARTMENT OF	HEALTH-BAI	TIMORE, 18	Reg 10776
MEDICAL EXAM		THICATI		No. 16
I. PLACE OF DEATH:	and and analysis and a	2. USUAL RESIDEN	ICE (HOME) OF DECEASED:	
COUNTY Dorchester	MARYLAND	STATE Mary	Land county Forche	ster
CITY (If outside corporate limits, write F OR and give nearest town) TOWN Near Madis on	URAL LENGTH OF STAY (in this place) Hunting	CITY (If outside OR TOWN Chure	corporate limits write RURAL a	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS in Marsh		STREET ADDRESS	(If rural, give location)
3. NAME OF (First)	(Middle)	(Last)		ay) (Year)
DECEASED: (Type or Print) DARCY	A.JDREW 1	HUGHES	DEATH NOV.	30 1955
RACE: WII	cify): S Feb.	16, 1937	9. AGE last birthday: BUNDER 18 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): "Aterman		R 11. BIRTIIPLAC	E (State or foreign country): 1 eek, Maryland	COUNTRY? U.S.A.
IS. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
William A. Hughes		Celia Fitz	hugh	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dates o	16. Social Security No.:	Parents Mr.	ADDRESS: s. William Hughes C	hurch Creek, Mo
		neck.		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING D	ED TO THE		,	
19a. DATE OF OPERATION: 19b. MAJOR				20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour)	PLACE (Home, farm, factory OF street, office bldg., etc INJURY TY MC P Sh	24	vn) (County) (lors island, o	(State)
OF INJURY OV 10 1 - 2 M.	While at Not while		i.entili. / mur	7
22. I hereby certify that I took cha find that don'th resulted from: SIGNATURE		ident 🛛 , Suicide CHIE DEPU		
23. BURIAL CREMATION. DATE THE BURIAL (Specify): Dec. 3,		RY OR CREMATORY Hemorial Park 1 24. FUNERAL DI	Cambridge, Md.	county) (State)
REG. 1 12 C	1 20 10	1	uneral Service Camb	

Y. S.

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Supply every item of information carefully.

OR WRITE

TYPE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 0777 10770 CERTIFICATE OF DEATH Reg. Dist. No. //6

J.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:						
legibly	COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester						
le	CITY (If outside corporate limits write RURAL) I ENCTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)						
它	OR and give nearest town) _(in this place)	OR						
85		ound in bo						
T.	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)						
80	7STREET ADDRESS Cambridge Md Hospital	Park Lane						
ਹ	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)						
death clearly and	DECEASED: (Type or Print) Elizabeth	Hughes 05 19 55						
de	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8 DATE	OF BIRTH: 9. AGE last birthday, 15 UNDER 1 YEAR 15 UNDER 24 HRE.						
of	RACE. WIDOWED, DIVORCED.	Months Days Hours Min.						
	Female Negro (special): 7-1	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT						
nse	IOA. USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	COUNTRY?						
8	even if retired unemployed	Dorchester-Co-Md. USA						
he	13. FATHER'S NAME:	14 MOTHER'S MAIDEN NAME						
write the causes	unknown	Annie Morris						
rit	IS, WAR DECEASED EVER IN U.S. ARMED FORCEST 10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:						
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Coldia Tankan Pank Inna Camb Md						
90	18. MEDICAL CERTIFICAT	Goldie Jackson-Park Lane-Camb. Md.						
plea	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH						
	260X Dishet							
35	IMMEDIATE CAUSE (A) Diabet	cic Acidosis						
Physicians:	ANTECEDENT CAUSE (\$)							
Sic	DISEASES OR CONDITIONS, IF ANY. (B) Diabetes Mellitus							
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO							
	(C)							
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
Ţ,		TO THE DEATH BUT NOT RELATED TO THE						
pdı	DISEASE OR CONDITION CAUSING DEATH.	N AS AUTODAY						
上		20. AUTOPSY?						
13								
ecially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
esb	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
	OF INJURY While Not while at work at work							
100	20 I have a satisfy that I attended the damaged from NOST	30 10 55to Nov 30 1055 that I last saw the danced						
886	22. I hereby certify that I attended the deceased from NO.V. 30, 19 55 to NOV 30, 1955, that I last saw the deceased							
	alive on Nov 30, 1955, and that deats occurred at M, from the causes and on the date stated above.							
correct	J. Edwin Fassett,	ADDRESS DATE SIGNED						
O		.D. 227 Pine St-Camb., Md12-3-55						
O	REMOVAL (SPECIFY)	ERY OR CREMATORY LOCATION (City, town, or county) (State)						
	Burial 12-4-55 Vienna Ce							
		24. FUNERAL DIRECTOR ADDRESS						



lours after death.

7 Louis after death. After this director, the third copy of this

mistrar within by the funeral

투.s

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

10771 CERTIFICATE OF DEATH

Reg. Dist. No. 11.4

COUNTY Dorchester MARYLAND STATE Maryland COUNTY Dorchest CITY (If outside corporate limits, write RURAL OR end give neerest fown) OR end give neerest fown) OR (In this place) OR	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (II outside corporate limits, write RURAL and give nearest town	
	n)
/3 TOWN Cambridge entire life TOWN Cambridge	1 "
HOSPITAL OR Maryland Ave. STREET ADDRESS Maryland Ave. STREET ADDRESS Maryland Ave.	/
STREET ADDRESS	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED 0F 810-2 1056	(Year)
(Type or Print) Bessie Lyons Johnson Death NOV-3,1955	=
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 3 YEAR	
Female White Whowen, Divorcep, dec. 6,1904 50 yrs. Months Days	Hours Min,
10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT
done during most of working life, even if OR INDUSTRY Cambridge Could retired Womans Dress Shop Owner & Operator Cambridge	U.S.
13. FATHER'S NAME	
Oscar P.Lyons Nora M.Currey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS	
(Yes, no no or unk.) (If Yes, give wer of dates of service) 220-32-02/3- Arthur Q. Johnson, Cambridge, Md.	•
	TERVAL BETWEEN
ieneral Carainomatacia	7773
MANUAL CAUSE (A)	- 1 m
DISEASES OF CONDITIONS, IF ANY, (B) Aden C. To 1.0.18 R. Liest	31 S
GIVING RISE TO THE ABOVE CAUSE	1
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
TO THE DEATH BUT DIGITED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
DISEASE OR CONDITION CAUSING DEATH.	10. AUTOPSY?
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 2 109. DATE OPERATIO	S NO
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 199. DATE OF O	
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 12c. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 12c. WHERE DID INJURY OCCUR? (City or town) 12c. WHERE DID INJURY OCCUR? (City or town) 12c. WHERE DID INJURY OCCUR? (City or town)	S NO
DISEASE OR CONDITION CAUSING DEATH. 198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 210. PLACE (Home, farm, fectory, OF INJURY Street, office bidg., etc.) 198. MAJOR FINDINGS OF OPERATION 198. MAJOR FINDINGS OF OPERATION 199. MAJOR FINDINGS OF OPERATION 199. MAJOR FINDINGS OF OPERATION 210. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) 210. PLACE (Home, farm, fectory, OF INJURY OCCUR? (City or town) (County) 211. HOW DID INJURY OCCUR? While et work 211. HOW DID INJURY OCCUR?	S NO (State)
DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 120. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, fectory, OF INJURY street, office bidg., etc.) 107. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, fectory, OF INJURY street, office bidg., etc.) 108. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, fectory, OF INJURY street, office bidg., etc.) 109. DATE OF OPERATION 109. MAJOR FINDING OF OPERATION 100. COURTED INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. INJURY OCCURRED While et work 21l. HOW DID INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. INJURY OCCURRED While et work 21l. HOW DID INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. Not white et work 21l. HOW DID INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. Not white et work 21l. HOW DID INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. Not white et work 21l. HOW DID INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. PLACE (Home, Injury OCCURRED) 21l. HOW DID INJURY OCCUR? 100. Time OF INJURY (Monih) (Day) (Year) (Hour) 21b. PLACE (Home, Injury OCCURRED) 21l. HOW DID INJURY OCCUR?	(State)
DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 120. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, tectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 100. Time of Injury (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While of work 21a. INJURY OCCURRED While of work 1950., to 24.3., 19, that I last satisfied on 24.3., 19, and that death occurred at A.M.M., from the causes and on the date stated above.	(State)
DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 190. MAJOR FINDINGS OF OPERATION 199. MAJOR FINDINGS OF OPERATION 210. MAJOR FI	(State) we the deceased ve. DATE SIGNED
DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 12ta. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While work 21ll. HOW DID INJURY OCCUR? While work 21ll. HOW DID INJURY OCCUR? While work 12ll. HOW DID INJURY OCCUR? M. B. Work 12ll. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state)	(State) we the deceased ve. DATE SIGNED
DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 210. MAJOR FINDINGS OF OPERATION 210. PLACE (Homa, farm, fectory, OF INJURY Street, office bidg., etc.) 100. PLACE (Homa, farm, fectory, OF INJURY Street, office bidg., etc.) 101. PLACE (Homa, farm, fectory, OF INJURY OCCUR?) 102. INJURY OCCUR? 103. ACCIDENT WAS UNDERLYING 210. PLACE (Homa, farm, fectory, OF INJURY OCCUR?) 104. TIME OF INJURY (Monih) (Day) (Year) (Hour) 210. INJURY OCCUR? 105. WHERE DID INJURY OCCUR? 106. WHERE DID INJURY OCCUR? 107. AND DID INJURY OCCUR? 108. AND DID INJURY OCCUR? 109. AND DID INJURY OCCUR? 109. AND DRESS (Street, city, lown, state) 109. AND DRESS (Street, city, lown, state) 109. AND DRESS (Street, city, lown, state) 109. AND CEMENTON, REMOVAL (SPECIFY)	(State) we the deceased ve. DATE SIGNED
DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF INJURY Street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. Not white et work 21d. HOW DID INJURY OCCUR? While Not white et work 21d. HOW DID INJURY OCCUR? While Not white et work 21d. HOW DID INJURY OCCUR? While Not white et work 21d. HOW DID INJURY OCCUR? ADDRESS (Street, city, town, state) 22. I hereby certify that I altended the deceased from 21d. HOW DID INJURY OCCUR? ADDRESS (Street, city, lown, state) ADDRESS (Street, city, lown, state) 23. BURIAL, CREMATION, DATE THEREOF MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country)	(State) We the deceased ve. DATE SIGNED (State)
DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. MAJOR FINDINGS OF OPERATION 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF INJURY Street, office bidg., etc.) 10	(State) (State) we the deceased ve. DATE SIGNED (State)

Lewith Hirain

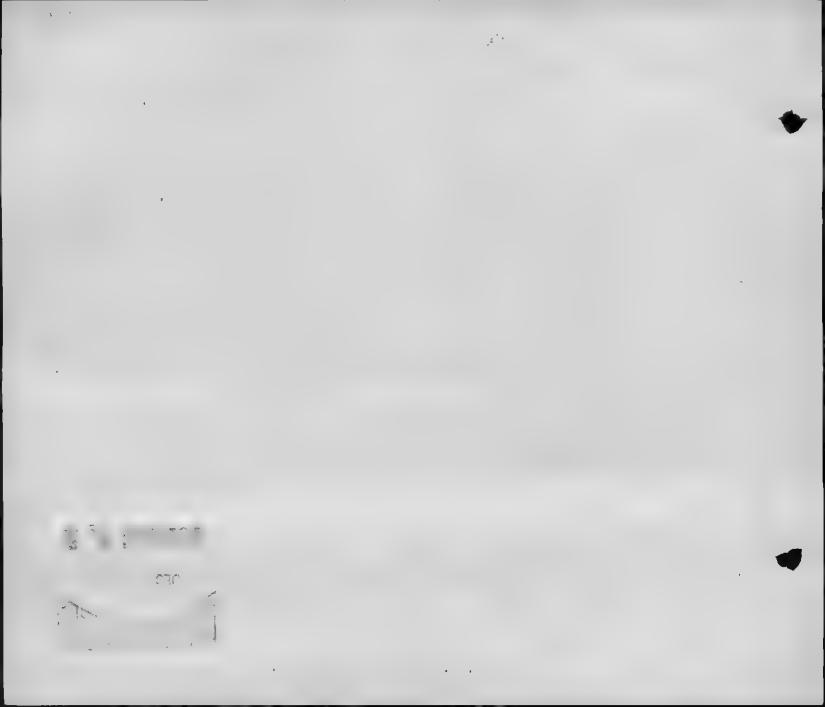
Reg. Dist.

MARYLAN	D STATE	DEPARTME	NT OF	HEALTH-	BALT	IMURE,	18	
MENDICIAT.	TENTO A TAKE	TATED'S	CTAT	OTHER C	A FINEN	OT	DI	A PINTE

MEDICAL EXAMENER S CER	LILITOALIS OF DISALIE No.	· · · Y. · · · · · · · · · · · · · · · ·
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Dorchester MARYLAND	STATE Marylandcounty Dor.	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cambridge		nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Street	STREET (If rural, give location) ADDRESS Fairmount Avenue	ŕ
8. NAME OF (First) (Middle) DECEASED:	Johnson 4. DATE (Month) (Day) OF DEATH Nov. 24	(Year) 19 55
Female RACE: WIDOWED, DIVORCED, May 2	E OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR 20,1899 56 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS O work done during most of work life, even if retired): Housewife		IZEN OF WHAT INTRY?
13. FATHER'S NAME: William Schofield	14. MOTHER'S MAIDEN NAME: Pinkie Laws	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: James Ennals, Cambridge, Maryland	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		SET AND DRATH
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 192. DATE OF OPERATION: 195. MAJOR FINDING OF OPERATION:		. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc INJURY	7, 21c. (Clty or town) (County)	Yes No No
21d. TIME (Month) (Day) (Year) (Hour) 21e. 1NJURY OCCURRED While at Not while INJURY M. work □	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accisionations 23. Burial, Cremation, Date Thereof Name of Cemeter Removal (Specify): 11-29-55 Bethel Cemeter Burial	dent, Suicide, Homicide, Undetermin CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM. // RY OR CREMATORY LOCATION (City, town, or county)	ed cause DATE SIGNED (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 12 09 CT John Mago M	Herbert St! Clair Cambridge. Md	ADDRESS

PLEASE WRITE III.AINLY, WITH UNFADING INK. Supply every item of Information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



MARGIN RESERVED FOR BINDING

	10773 CERTIFICATI	55 e t C OF DEATH Reg. Dist.	No. 114			
>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED				
100	county Dorchester	STATE Maryland COUNTY Doro	chester			
Teg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYII outside corporate limits, write RURAL an	d give nearest town)			
and and	OR and give nearest town) (in this place) //STOWN Cambridge	Town Cambridge				
	HOSPITAL OR	STREET (If rural give location)				
clearly	institution or instruction or instruction or instruction or instruction or instruction or instruction or institution or instit	ADDRESS 616 High St				
	DECEASED	(Last) 4. DATE (Month) (D	Hy) (Year)			
death	(Type or Print) GONGE W.	DEATH!	28 19 55			
OL	RACE: WIDOWED, DIVORCED,	known Approx 68 yrs. Months Da				
causes	USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): [12, 6	USA			
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	UDA			
the	-	Henrietta Jones				
ite	George Lyte 15 WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
ease write	(Yes, po. or unk) (If Yes, give war or dates Yes voice) WW I unk	Ernest Lyte-Cambridge, Mc				
	18. MEDICAL CERTIFICAT	'ION	INTERVAL BETWEEN			
Q.	420.0		ONSET AND DEATH			
S	IMMEDIATE CAUSE (A) Cardia	c Decompensation				
iar	ANTECEDENT CAUSE (8)					
Physicians	GIVING RISE TO THE ABOVE CAUSE DUE TO	ve Arteriosclerotic heart disease				
	STATING UNDERLYING CAUSE LAST.	4150450				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ort:	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
ďu	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?			
			YES NO			
especially	21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory, or contributing Cause of Death Of Injury street, office bldg., etc. Injury occur? (If EITHER, NOTIFY MEDICAL EXAMINER) (State)					
	OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?				
. 50	22. I hereby certify that I attended the deceased fromJun	e 10 554- NOV 28 10 554-4 11-4	41- 3			
80 90 90						
	alive on	ADDRESS DAT	E SIGNED			
correct	J. Edwin Fassett	LD. 227 Pine St-Camb. Md1	2-3-55			
Ü	REMOVAL (SPECIEV)					
	Burial 12-2-55 Bethel C					
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	H.M. StClair, JrHigh St	-Camb., Md.			



hours after death.

INSTRUCTIONS

Certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10781

10774 CERTIFICATE OF DEATH

Reg. Dist. No. 116

	1. PLACE OF E	HEATH				2. USUAL RESIDI	ENCE (HOME) OF D	ECEASED		
- 1	COUNTY DO	rchester		MARTIN	MII	STATE Maryla	and countr	Dorch	este	r
	CITY (Il outside corporete limits, write RURAL			LENGTH O			porete limits, write RURAL	and give neers	est town)	
	3 TOWN Camb	ridge		entire	life	l OR	ridge			13
ŀ	HOSPITAL OR					STREET	Off corel of	ive location)		, ,
	STREET ADDRESS	104 Au:	rora St.			ADDRESS	Aurora St.	,,,		/
	J. NAME OF DECEASED	(First)		(Middle)		(Last)	4. DATE (Me	nth)	(Dey)	(Year)
	(Type or Print)	Erne	st	Henry	L	eap	DEATH	Nov.7,	1955	19
	5. SEX 6.		7. SINGLE, MAR		8. DATE O	F BIRTH	9. AGE lest birthdey	IF UNDER 1	YEAR	IF UNDER 24 HRS
ļ	Male	White	WIDOWED, E (Specify) M	arried	July	10,1900	55 уп.	Months	Days	Hours Min.
- 1	104. USUAL OCCUPA	TION (Give kind o	of work 10b, 1	CIND OF BUSINES	5	11. BIRTHPLACE (State or fo	reign country)	12.	CITIZEN	OF WHAT
	retired) Mete	r Reader	for Blect	ric Co.		Cambridge			COUNT	U.S.
	13. FATHER'S NAME					14. MOTHER'S MAIDE	NAME			
1	A	.Arthur	Leap			Bernice	Lamn			
	15. WAS DECEASED			16. SOCIAL SEC	JRITY NO	17. INFORMANT 8	ADDRESS	104 Au	rora	St.
- }		(If Yes, give wer or	detes of service)	27 / _07	-7166	Mrc Kathe	rine W. Lenn			
-1	NO NO 214-07-7166 Mrs.Katherine W.Leap, Cambrid							VAL BETWEEN		
-1	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					ONSE	ET AND DEATH			
	420 (A) Coronary thr: 1 .15							3		
	ANTECEDENT CAUSE(S) DUE TO 3 1 9 2								h. #	
	DISEASES OR CONDITIONS, # ANY, GIVING RISE TO THE ABOVE CAUSE									
	STATING UNDERLYING CAUSE LAST. DUE TO						_			
	IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
- [TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
ı	19a, DATE OF OPERA		96. MAJOR FINDING	S OF OPERATION	1				20.	AUTOPSY7
ı									YES	□ № □
ı	210, ACCIDENT WAS OR CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION OF THE	CAUSE OF DEATH	21b, PLACE (Ho OF INJURY street	me, farm, factor t, office bldg., etc	2	1c. WHERE DID INJURY OCC	UR? (City or Iown)	(Count	y)	(State)
	21d. TIME OF INJURY		(Year) (Hour) 21	IO. INJURY OCCU	IRRED :	III. HOW DID INJURY OCC	CUR?			
					while		/			
-1	22. I hereby certify that I attended the deceased from 3/2/ 10/10 to 1/2 to 19.55, that I last saw the deceased									
۱,	anve of the causes and on the date stated above.									
5 10M	C	Clerk	M) Xu	Mer	M.D	- 1	tridge, Ma			-9-55
7. RJ	23. BURIAL, CREMA		ATE THEREOF	NAME OF	CEMETERY OR	CREMATORY	LOCATION (City, Ion	wn, or county)		(State)
A15C 1-55	Burial	(Yali	ov.9,1955	Dorch	ester N	demorial Park				
3	24 REC'D BY REGIST		GISTRAR'S SIGNATU	RE	a .	25. FUNERAL DIRECTOR	S AIGNATURE		DDRESS	
	DATE TO GO	9 1955	(toke)	There Y	7.10	Serveth	K. Hlow	4 Camb	ridg	e,Md.
1		The state of the s			~ ~					



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10787 CERTIFICATE OF DEATH

10782

Reg. Dist. No. /. /. 6

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED			
county Dorchester MARYLAND	STATE Md. COUNTY Dorchester			
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) LENGTH OF STAY (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN Hamil oak Md			
X nurlock 1) yrs	Hai rock , Has			
HOSPITAL OR	STREET (If rural give location) ADDRESS			
STREET ADDRESS Andrews and Reilroad Ave	Andrews & Railroad Ave.			
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)			
(Type or Print) Nola Caller Oland				
5. SEX 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE				
	17/1891 64 yrs. Months Doys Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or Joreign country) 12. CITIZEN OF WHAT COUNTRY?			
relired x Laborer Food Canning	Queens Ann County USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Minuscraft American Towns (12 2	Rebecca Everett			
MANO CONTROL James Glander 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1. 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS			
(Yes, no, or unk.) (Il Yas, give wer or dates of service)				
/ No	Mr Jesse Lidden Hurloack Md.			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEE ONSET AND DEA			
420. GIMMEDIATE CAUSE (A) ACUTE COLON	long Occlossion Chour			
GIVING RISE TO THE ABOVE CAUSE DUE TO	Kilensscheinsis 107000			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	777070000000000000000000000000000000000			
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY			
	YES NO			
21b. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, lectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stain)			
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED While Not while at work at work	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/2				
alive on. 11/2	av. O. 110 PM, from the causes and on the date stated above.			
SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIG			
Touly Of Premarks M.D.	(Yes ou Play 11/4/5			
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY O				
	ton Cemetery Dorchester County			
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRES			
DATE Y DO 6 1965 LOKE Y LOCK IN D	Le Compte Funeral Service			



VS. A15-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	3 ° CERTIFICATE	OF DEATH Reg. Dist.	No. 1/4
oly.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	,
clearly and legibly	COUNTY Dorchester CITY (If outside corporate limits, write RURAL OR and give nearest town) Y TOWN rural Cambridge HOSPITAL OR INSTITUTION OR STREET ADDRESS Lastern Shore State Hospital	CITY(If outside comporate limits, write RURAL at OR TOWN COMPOSE (If rural give location) ADDRESS	ad give nearest town)
s of death	DECEASED: (Type or Print) 5. SEX: (6. COLOR OR (7. SINGLE. MARRIED. WIDOWED, DIVORCED. (Specify):	OF BIRTH: 9. AGE last birthday I UNDER IV. 5-1871 8 4 yrs. Months Dr. 11. BIRTHPLACE (State or foreign country): 12.	sys Hours Min.
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	
te te	Not known	Not known	
e wri	(Xes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
ease	18. MEDICAL CERTIFICATI	ON	INTERVAL BETWEEN
Physicians:	STATING UNDERLYING CAUSE LAST. DUE TO	al Antervaderois	- 3 yrs
important.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
TOC	DISEASE OR CONDITION CAUSING DEATH.		
	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (Count, injury occur?	y) (State)
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
correct age i	22. I hereby certify that I attended the deceased from 22 alive on 22, 1955, and that death occurred at SIGNATURE M. 23. BURIAL, CREMATION, DATE THEREOF LAMME OF CEMETE REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	ADDRESS DAT	stated above. E SIGNED
	1 be 24 1635 1 1812 1 hac 1 b 6	1x (mple Turilal seven	- mile

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE

2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

DECEASED:

(Type or Print)

13. FATHER'S NAME:

John Hitchens

Immediate cause

Antecedent cause(s)

(1) stating underlying cause last

21a. EXTERNAL CAUSE WAS

PRIMARY Or CONTRIBUTING

21d. TIME (Month) (Day) (Year) (Hour)

Diseases or conditions, if any,

giving rise to the above cause DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

carefully. The and legibly.

of information of death clearly

every item he causes of

Supply

INK.

UNFADING Physicians: p

PLAINI pecially

RITI is e

₩ ge M

PLEA

FOR

RESERVED

MARGIN

Dorchester COUNTY MARYLAND

(First)

Villiam

6. COLOR OR

RACE:

work done during most of work life, even if retired): laborer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of

service)

10a. USUAL OCCUPATION (Give kind of

CITY (If outside corporate limits, write RURAL OR and give nearest town) Ca. thrill a

STREET ADDRESS Eastern Shore State Hospital

7. SINGLE, MARRIED

(Specify):

LENGTH OF STAY (in this place)

(Middle)

WIDOWED, DIVORCED,

-onk)

Sirala

INDUSTRY:

10b. KIND OF BUSINESS OR

16. SOCIAL SECURITY NO.:

yrs, 3moths

April

TOWN STREET ADDRESS

(Last)

ur ony

8. DATE OF BIRTH:

4. DATE

OF DEATH

Breensboro . Maryland

(Month)

CITY (If outside corporate limits write RURAL and give nearest town)

COUNTY Caroline

(If rural, give location)

(Day) (Year)

19 5 9. AGE last birthday: | IF UNORR 1 YEAR | IF UNDER 24 HRS. Months Hours

Delaware 14. MOTHER'S MAIDEN NAME:

STATE Maryland

Mary Davis

11. BIRTHPLACE (State or foreign country):

COUNTRY! U.S. 12. CITIZEN OF WHAT

17. INFORMANT & ADDRESS:

Eastern Shore State Hospital mecords

18. MEDICAL CERTIFICATION

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

While at

21b. PLACE (Home, farm, factory,

21e. INJURY OCCURRED

OF street, office bidg., etc., INJURY

Diabetes Mellitus. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

Not while

at work []

21c. (City or town)

21f. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

(County)

(State)

Yen 🗌 No 🗀

Min.

INJIIRY work [

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

(a). DUE TO

(b)......

SIGNATURE

22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection R, Inquiry [], and find that-death resulted from: Natural causes 🗑, Accident 🖂, Suicide 📋, Homicide 📋, Undetermined cause 🖂.

23. BURIAL CREMATION, DATE THEREOF

REMOVAL (Specify) :

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

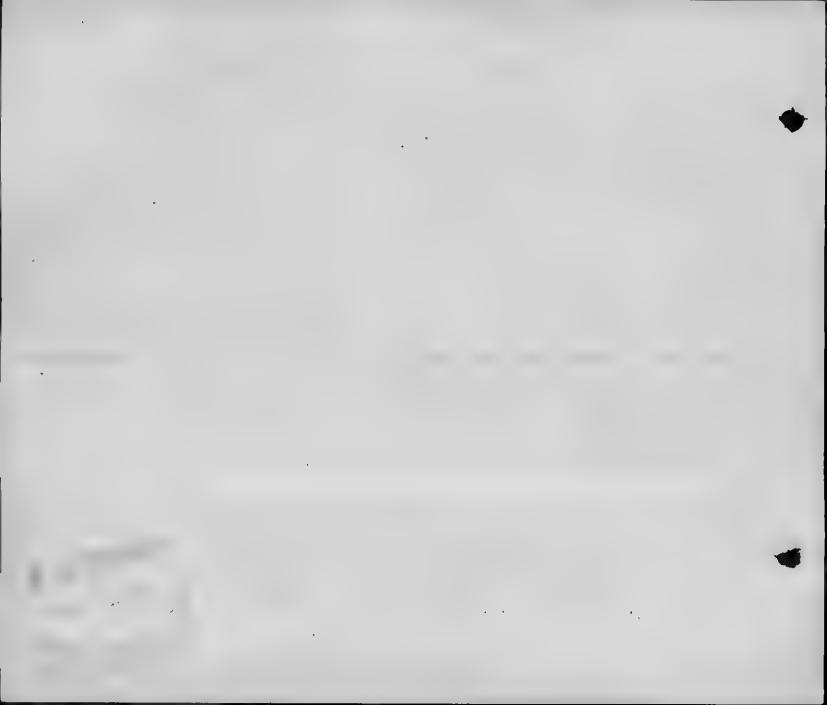
NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR

LOCATION (City, town, or county)

ADDRESS

DATE SIGNED

(State)

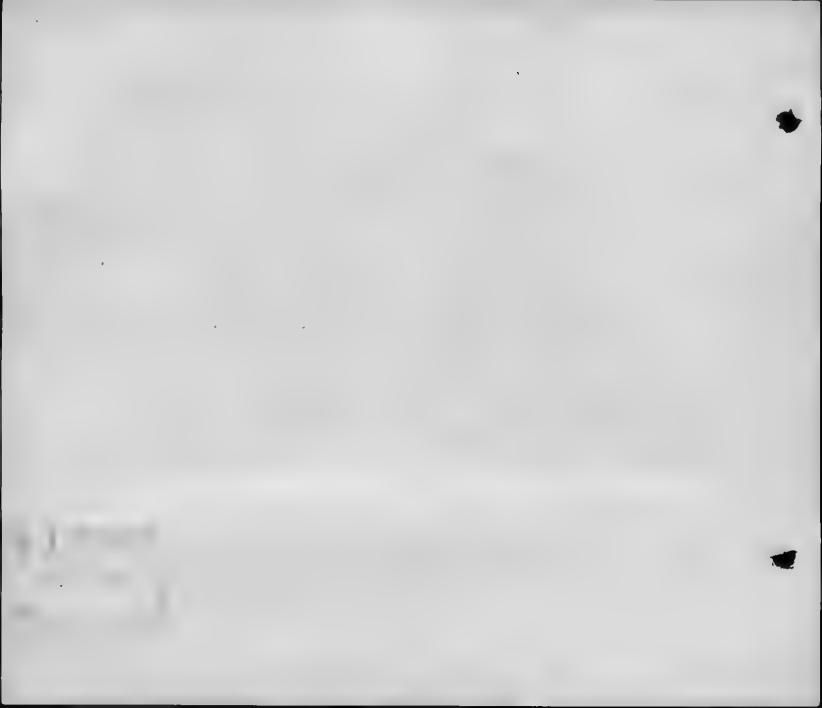


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester COUNTY Dorchester MARYLAND CITY (If outside corporate limits write RURAL and give nearest town) LENGTH OF STAY CITY (If outside corporate limits, write RURAL (in this place) OR and give nearest town) TOWN TOWN Hoopersville lifetime Hoopersville STREET (If rural, give location) HOSPITAL OR ADDRESS INSTITUTION OR TT STREET ADDRESS White & Nelson Factory (Last) 4. DATE (Month) (Day) (Year) (First) 3. NAME OF DECEASED: DEATH WITTINGTON NELSON Nov. (Type or Print) OSCAR 9. AGE last birthday: | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 6. COLOR OR 8. DATE OF BIRTH: Days RACE: Monthel Hours eity): M August 14, 1887 (Specify): 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country):] 10a. USUAL OCCUPATION (Give kind of work done during most of work life, COUNTRY? INDUSTRY: even if retired) : Seafood Packer U.S.A. Seafood Hoopersville Md. 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Sadie Lewis Edmund Nelson IS. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Oscar W. Nelson Jr. Cambridge, Md. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: ONSET AND DEATH 4201 Coronary Occlusion Immediate cause DUE TO Antecedent cause(s) (b)..... Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes [] No [] (State) 2)a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, 21c. (City or town) (County) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. street, office bldg., etc., 21f. HOW DID INJURY OCCUR? 21d, TIME (Month) (Day) (Year) (Hour) | 21e, INJURY OCCURRED work | at work 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. SIGNATURE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (Specify) : Dorchester Memorial Park Cambridge. Md.

ADDRESS 24. FUNERAL DIRECTOR

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

LECOMPTE FUNER L SERVICE

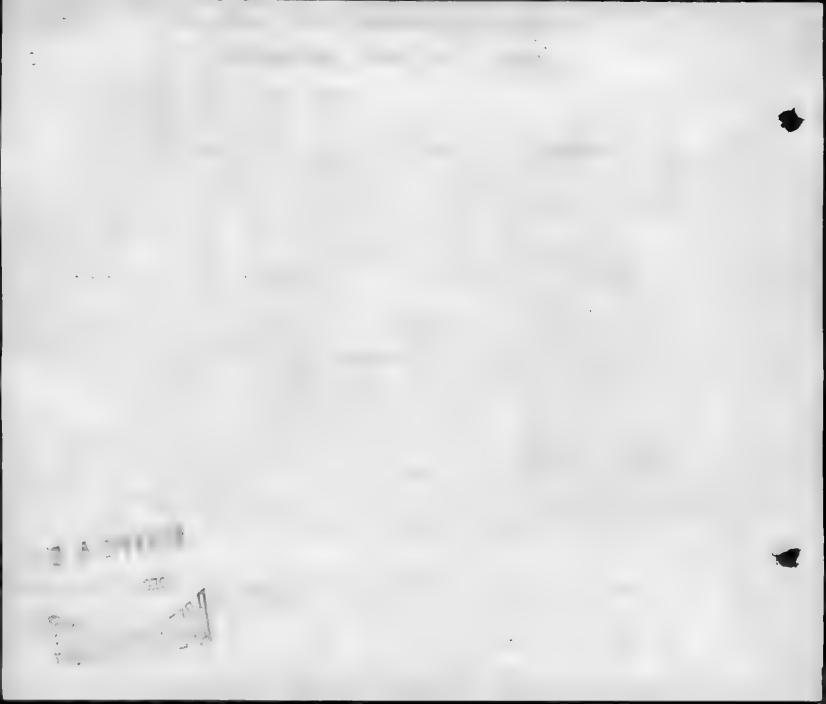


INSTRUCTIONS

1079 CERTIFICATE OF DEATH

Reg. Dist. No... 1.10

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Dorchester				
COUNTY Dorchester MARYLAND					
COUNTY DOT GITOS DOT MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (Il outside corporete limits, write RURAL and give nearest town)				
OR end give necest lown) [(in this place)	TOWN Williamsburg				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (N rurel give location) ADDRESS				
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Day) (Yeer)				
(Type or Print) Edith	Poole DEATH November 22 19 55				
PACE WINDWED DIVORCED	TE OF BIRTH 9. AGE lest birthday UST 6, 1872 9. AGE lest birthday Months Deys Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEVIOUS HOME	11. BIRTHPLACE (State or foreign country) Dorchester Co., Haryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Thomas R. Rowins	Margaret E. Wright				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO					
(Yes, no., or unk.) (If Yes, give wer or delas of service) None	Kelso L. Poole, Hurlock, Mar., R.F.D.				
18. MEDICAL CERTIFICATION INTERVAL BETWEEN					
1' DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH . ONSET AND DEATH					
4 . "IMMEDIATE CAUSE (A) Brench. pnich Mig 3dop					
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE OF THE ABOVE CAUSE 171 MIC CONSCIPLE STORY 171 MIC CONSCIPLE 171 MIC CO					
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO FITCH AS TO THE ABOVE CAUSE LAST. DUE TO FITCH AS THE					
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO Indian				
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) (IF ETTHER, NOTIFY MEDICAL EXAMINER) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)					
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While at work at work at work					
22. I hereby certify that I attended the deceased from 3/34 19 45 to 11/32 1935 that I last saw the deceased					
alive on, 11/22, 19.5. The and that death occurred at 7:15PM, from the causes and on the date stated above.					
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED				
Jang, Stewmen. M.D.	Preston, Maryland				
23. BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY					
Burial Nov. 26, 1955 Washingto	n Cemetery Hurlock, Maryland				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
DATE NOV 26-1963 (harlo Hastings	J.J.Framptom and Son, Federalsburg, d.				



NISTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10775 CERTIFICATE OF DEATH

10787

Reg. Dist. No. 116

1. PLACE OF DEATH		2. USUAL RES	DENCE (HOME) OF DECE	ASED
county Dorchester	MARYLAND	STATE Mar	tr I space COUNTY to	rchester
CITY (Il outside corporete limits, write RURAL	LENGTH OF STAY		corporate limits, write RURAL and gr	ve neeral lown)
OR end give neerest town)	(in this place)	OR		10
Cambridge Cambridge	Lire	Town Cam	oridge	/ ~
HOSPITAL OR		STREET	(if rure) give loc	etion) ,
INSTITUTION OR STREET ADDRESS		ADD RESS		*
A CATHOLITORS INC	Hospital			
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Dey) ,Year)
(Type or Print) Baby	Girl	Rhodes	DEATHER	34 .55
5. SEX 6. COLOR OR 7. SINGLE, N		OF BIRTH	NOVE	mber 14, 1955
	D. DIVORCED,	OF BIXITI		UNDER I YEAR IF UNDER 24 HR
F. Je Negro (Specify)	11-7	_cc	yrs, Mo	nths Days Hours Min
	. KIND OF BUSINESS	11. BIRTHPLACE (Steta or		12 CITIZEN OF WHAT
done during most of working life, even If	OR INDUSTRY	II. DIXITIFEACE (SIGIS OF	Totalgii country)	COUNTRY?
retired)		Dorcheste	Marco - Ma	
. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	1
Earl Rhodes		Mattie (Corinthian Bro	oks
S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN		
Yes, no, or unk.) (If Yes, give war or dates of servica)				
<u>,</u>				
CHECKER OF CONDITIONS DIFFERS STANKE TO BE	18. MEDICAL CI	RTIFICATION		INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DE				ONSET AND DEATH
/ TIMMEDIATE CAUSE (A)	remature Ate	Liosis		
United Charles				
DISEASES OR CONDITIONS, IF ANY. (B)				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	NGS OF OPERATION			
TALLE OF OFERATION 198. MAJOR PINDI	NGS OF OPERATION			20. AUTOPSY?
A CONTROL AND				YES NO
TO, ACCIDENT WAS UNDERLYING 216 PLACE OF CONTRIBUTING CAUSE OF DEATH OF INJURY SHE IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farm, fectory, reat, office bldg., atc.)	21c. WHERE DID INJURY O	CCUR? (City or town)	(County) (Slate)
ld. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	211. HOW DID INJURY C	CCUR?	
B.A.	While Not while			
М	at work L at work L			
2. I hereby certify that I attended the d	leceased from NOV	19 55 . to 1	Nov. 12.10 55 1	hat I last saw the decores
" Nov. 12 "55				TIBIT TOST 30W THE GECEOSE
alive on Nov 12, 1955	and that death occurred	arM, from f	he causes and on the date	stated above.
SIGNATURE 10.		A	DDRESS (Street, city, town, ste	DATE SIGNE
(Villi Jacel I	Edwin Passedtt	-M-D227 1	ine St-Camb.,	Md11-15-55
3. BURIAL, CREMOTION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or	
Burial 11/15/19	155 Waugh Ce	meterm	Cambridge.	Maryland
4. REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. JUNIKAL PRECTO	DAY SIGNATION	ADDRESS
1) 1/2///////	7) 1/18	2/1/		NONE23
V 1 1 1 1 19/11 2 1 2 1 1	VICEN VI	1 11 111 121	Vall N	Cambridge, M
DATE 1 1/0 13 1955 100 M	1 6 1-6-8-1 6 6	A THE PERSON OF THE PARTY OF TH		ועו ביע הובירו מוובין

: ((a 1) (a 1) ...

VS A15C 1-55 10M

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10776 CERTIFICATE OF DEATH

1. PLACE OF DEATH	Reg. Dist. Ros. Fall.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, writa RURAL LENGTH OF STAY OR end give nearest town) (In this place)	CITY (If outside corporate limits, write RURAL end give nearest town) OR
/3 TOWN Cambridge life	TOWN Cambridge /5
Hospital or Institution or Street Address Cambridge Md. Hosp	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) DEGEASED	(Last) A. DATE (Month) (Dey) (Year)
(Type or Print) Baby Girl	Rhodes PEATH 11 0 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE C	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS
Female Negro (Specify) single 11-7	4-55 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Dorchester-Co-Ma USA
Earl Rhodes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mattie Corinthian Brooks
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANI & AUDRESS
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
7623 IMMEDIATE CAUSE (A) Promature Ate	lectasis
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE D. SEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
218. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	(2) (2) (2) (2) (2) (3) (3) (4) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED White Not while at work at work	21. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from NOV 7.	, 19.55., to NOV. O, 19.55., that I fast saw the deceased
	1:20 DM, from the causes and on the date stated above. ADDRESS (Streat, city, town, state) DATE SIGNED
J. Edwin Fassett M.O.	
23. BURIAL, CREMATION, PART THEREOF NAME OF CEMETERY OR	(3,014)
Burial 11/8/1855 Waugh Cem	Detery Cambridge, Maryland 25. July PAL PRECIONS SIGNATURE ADDRESS
DATE NATO. 8 1956 STAN 1 200 1 10.	25. Uperat precions signature Address Maryler Cambridge Maryler

Hy Have the

NSTRUCTIONS

4 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10792 CERTIFICATE OF DEATH

10789

Reg. Dist. No. 115

1. PLACE OF DEATH	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Dorchester MARYLAND	STATE Maryland county Dorchester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give neerest town) OR
TOWN Fishing Creek Lifetime	TOWN Fishing Creek
HOSPITAL OR at home of	STREET (If rurel give location)
STREET ADDRESS Mr. Ronald McGloughlin	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Gorman Rob	OF DEATH N
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE (ITSON 1955 F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
RACE WIDOWED, DIVORCED,	Months Deys Hours Min
PI W OCTOD	er 22, 1893 62 yrs.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
relired) Post Master U.S. Govt.	Dorchester Co. Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Robinson	Callina Parks
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service) Yes World War 1	M. D. 3.1.16.03
Yes World War 1	Mr. Ronald McGloughlin
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
442 Ammediate cause (A) Cardio-renal	-vascular disease
	Hypertension and
	70
GIVING RISE TO THE ABOVE CAUSE DUE TO CONTROL OF T	rebrai hemorrhage 10 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	none
190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	Zic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while at work at work	21. HOW DID INJURY OCCUR?
	40.45
22. I hereby certify that I attended the deceased fromDec	
alive onNov15 1955 and that death occurred a	
SIGNATURE James W. Meade	ADDRESS (Street, city, town, state) Md. Nov 17, 1955
M. D.	iching Cheek
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY (City, town, or county) (Stota)
Burial 11/18/55 Dorchester M	emorial Park Cambridge, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV. 17/55 James J. Meade	LECOMPTE FUNERAL SERVICE Cambridge, Md.



07

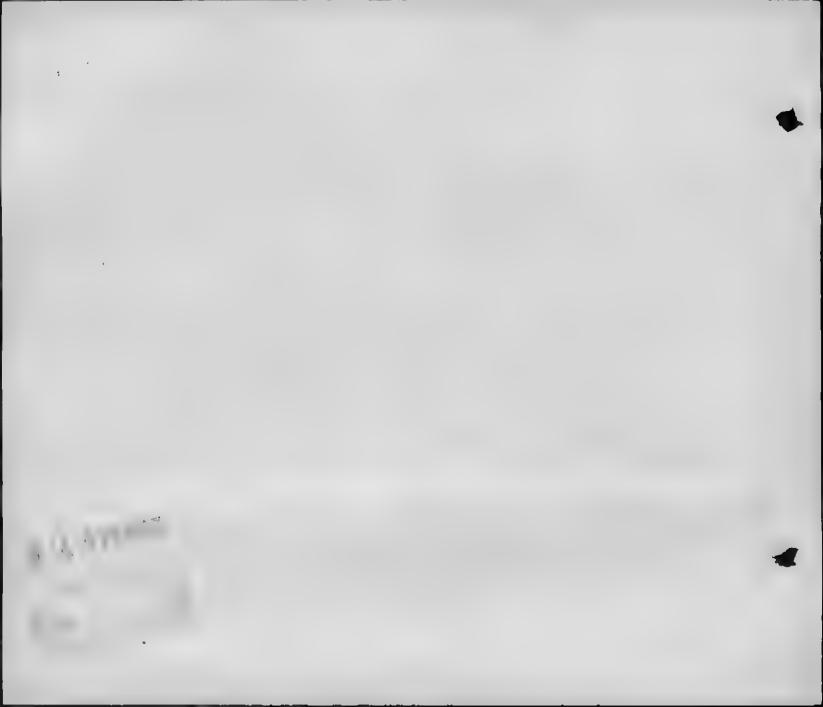
VS. A15A - 5 - 53

DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. 0:790

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL BAAMINER 5 CER	THE OF DEATH NO.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Dorchester MARYLAND	STATE Haryland county Dorchester
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Toddville LENGTH OF STAY (in this place) 12 Yr.	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Toddville
HOSPITAL OR INSTITUTION OR STREET ADDRESS in oyster boat	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) ALVIN JOHN	ROSE DEATH 11 17 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, 10/1	5/99 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
work done during most of work life, even if retired): Waterman	Scranton, Pa. 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles L. Rose	Annie Vicinus
15. WAS DECEASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
no service)	Mrs. Alvin Rose Bishops Head, Md.
18. MEDICA	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
1 4 20 · / Immediate cause (a) Coro ary Occil	
Immediate cause (a) UOFO ELY UGG C	is for Instant
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO stating underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	,
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No ⊠
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF Street, office bldg., etc. INJURY	
21d, TIME (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED OF Mylie at Not while INJURY M. Work \(\begin{array}{cccccccccccccccccccccccccccccccccccc	21f. HOW DID INJURY OCCUR?
	oed above, held an Autopsy [], Inspection [3], Inquiry [], and
find that death resulted from: Natural causes XI, Accid	lent [], Suicide [], Homicide [], Undetermined cause []. CHIEF MEDICAL EXAMINER [] DATE SIGNED
town hower	M. D. DEPUTY MEDICAL EXAMINER A 11-21-35
23. BURIAE, CREMATION, DATE THEREOF NAME OF CEMETER	, , , , , , , , , , , , , , , , , , , ,
Burial (Specify): 11/19/55 Dorchester Me	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1 50 19, 1955 - Lythi have 14. C.	LECOMPTE FUNERAL SERVICE CAMBRIDGE, MD.



director, the third copy of registral mithin by the funeral ATTENDING HYSICIAN OR HOSPITAL: The law requires that the death certificate be The bottom copy may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10777 CERTIFICATE OF DEATH

	Reg. Dist. No
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (H outside corporate limits, write RURAL and give neeres) (own)
12 town Cambridge 2 days	TOWN Cambridge
HOSPITAL OR	STREET (If rural give location) ADDRESS
STREET ADDRESS Camoridge Maryland Hospital	206 Aurora St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lillie Ma e	Ruark DEATH NOT 25 1055
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE	OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H
RAGE WIDOWED, DIVORCED,	No March 1 Control of the Control
	23,1894 61 yrs. Monins Days Hours Mir
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 170USGWIIC OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
refired) NOUSEWILE	Taylors Island, Dor Co. U.S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel T. Willey	Sarah Ann Matthews
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 206 Aurora St.
(Yes, no, or unk.) (If Yes, give war or dates of service) 2/4-07-75	/6 Ottie W. Ruark, Cambridge, Md.
18. MEDICAL CI	PTIFICATION
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O , (Surat And DEATH
421. IMMEDIATE CAUSE (A)	antalus- Iwila
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	White Elicity 1503
STATING UNDERLYING CAUSE LAST. DUE TO	1 1 7 1 7 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	cho-he centratifet to
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OF CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from to	19 2 , to A A A A The 19 Value, that I last saw the decease
alive on AND 19. 2, and that death occurred	
SIGNATURE OF THE STATE OF THE S	ADDRESS (Street, city, town, state) DATE SIGNE
Clevelys Nagt M.D.	La Moreay 5, 14 1, -28-5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	R CREMATORY LOCATION (City, fown, or county) (State)
0 40	-
Burial Nov. 27,1955/ Cambridge	te Cemetery Cambridge.Md.
Burial Nov. 27, 1955/ Cambrids 24. REC'R BY REGISTRAR REGISTRAR'S SIGNATURE	ge Cemetery Cambridge, Md.

214-67-7516

General R. Konewa

24 hours after death.

INSTRUCTIONS

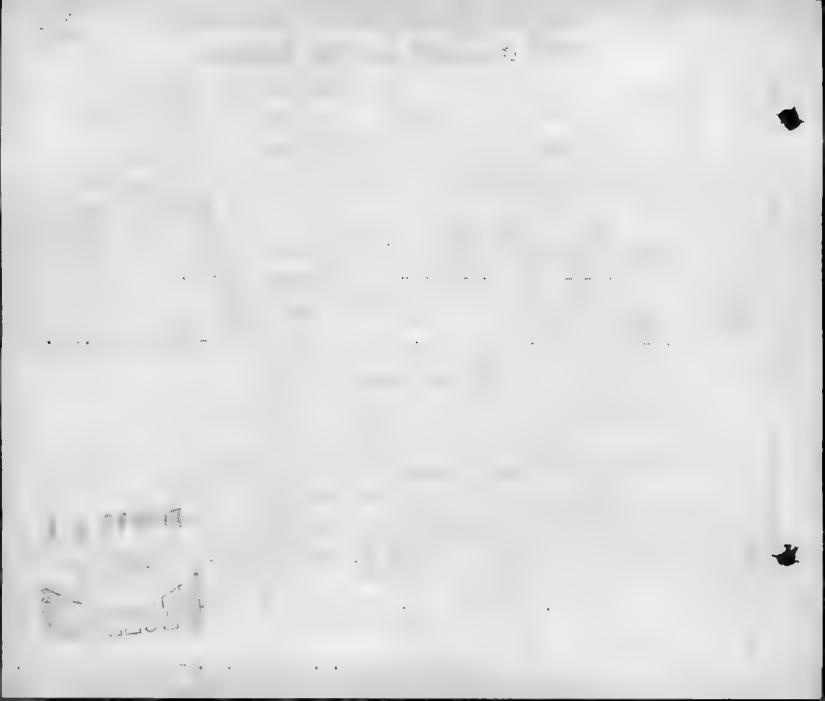
TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

78m ERTIFICATE OF DEATH 10792

Reg. Dist. No. /

I. PLACE OF DEATH		Z. USUAL REDIDENC	LE (HOME) OF DECEAS	ED	
COUNTY Dorchester	MARYLAND	STATE Maryla	and county Do	orchester	
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te limits, write RURAL and give r	neerest fown)	
/3 OR und give nessest town) Cambridge	[in this place]	TOWN Cambr	idge	\times	
HOSPITAL OR		STREET	(If rural give location	n) /	
7 STREET ADDRESS Cambridge Md Ho	spital	ADDRESS	#2	1	
3. NAME OF (First)	Mrddie)	(Lest)	4. DATE (Month)	(Day) (Year)	
(Type of Print) Botty		Stanley	DEATH NOV	26 19 55	
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV		OF BIRTH 9.		DER T YEAR IF UNDER 24 HR	
Female Negro (Spacify) s	ingle 1-19	-53 54	1 yrs. Months	Days Hours Min.	
	D OF BUSINESS	11. BIRTHPLACE (State or foreign	r country)	12. CITIZEN OF WHAT COUNTRY?	
retired)	INDUSTRI	Dorchester.	-Co-Md	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.			
Reginal Stanley		Grace Wil			
	. SOCIAL SECURITY NO.	17. INFORMANT & AD	DRESS		
(If Yas, give wer or detas of service)		Grace Wil	Lson-RFD #2-	Camb., Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
441X IMMEDIATE CAUSE (A) Br	onchopneumo	nia			
711					
DISEASES OR CONDITIONS, IF ANY, (B)					
GIVING RISE TO THE ABOVE CAUSE					
STATING UNDERLYING CAUSE LAST.					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				1	
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?	
TO DATE OF CONTROL TO STATE OF THE STATE OF	or or anythory			YES NO	
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of INJURY street, or INJU		21c. WHERE DID INJURY OCCUR?	(City or lown) (Co	ounty) (State)	
	INJURY OCCURRED	21. HOW DID INJURY OCCUR			
M. et work et work					
		ر الم	26 55		
22. I hereby certify that I attended the decea	red from NOV 14	, 19.55., to NOV		I last saw the deceased	
alive on Nov 26,09.55	that death occurred at			ated above.	
SIGNATURE Sulling	eur	ADDR	ESS (Street, city, town, state)	DATE SIGNE	
6. Edwin F	assett, M.D.	227 Pine St-	Camb., Md.	11-28-55	
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	NAME OF CEMETERY OR		LOCATION (City, town, or cou	nty) (State)	
Burial 11-28-55	Airey		Aireys-Dor-	Md	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	3	1.257 FUNERAL DIRECTOR'S S		ADDRESS	
- Very 20 101 - 124 11	161	MANA STOYAL	H. Jew-Hich	St-Camb., Md	
DATE ? 1000, 505 145 1 7 640 1 1/1	35 111. Az	Man Lange Later	The same of the sa		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10794 CERTIFICA	TE OF DEATH Reg. Dis	t. No. / 76
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Dorchester MARYLAND	STATE Maryland COUNTY Quee	n Anne
CITY Ilf outside corporate limits, write RURAL LENGTH OF S	TAY CITYIIf outside corporate limits, write RURAL	
OR and give nearest town) TOWN Cambridge 3yrs. 3mos	Town Millington	17X-2
HOSPITAL OR 13 days	STREET (If rural give location	1)
INSTITUTION OR STREET ADDRESS Eastern Shore State Hospit		V
NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED: (Alias - (Type or Print) Harry Payne)	Stant DEATH 11	14 1955
. SEX: 6. COLOR OR 7. SINGEL MARRIED. 8. D	ATE OF BIRTH: 9. AGE last birthday If UNDER	YEAR IF UNDER 24 HRE
Male RACE: WIDOWED, DIVORCED, (Specify): Widowed Ja	anuary 23, 1883 72 yrs. Months	Days Hours Min.
DA. USUAL OCCUPATION (Give kind of) 10s. KIND OF BUSINES	S 11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHA
work done during most of working life, even if retired): Laborer	Maryland	U.S.A.
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0,0,11,
Innahan Stant	Amanda Griffith	
Jonathan Stant WAR DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO.		
(Yes, no, or unk.) (If Yes, give war or dates	RECORDS: Eastern Shore St:	t - Unanital
NO ==	RECORDS: Eastern Shore Sta	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEAT
410 X		71.
IMMEDIATE CAUSE (A)	only ceersion	- 1-ms.
ANTECEDENT CAUSE (S)	1 . 8 .	Ann. 34
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO	nel sunous.	John Jus
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE	elas anterior scleros	
DISEASE OR CONDITION CAUSING DEATH.	7000	E SVU 3 GL
Tax. BATE OF OF ENAMED IN THE STATE OF THE S		YES NO
21A. ACCIDENT WAS UNDERLYING ADDRIGHTED AND ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office (If either, notify medical examiner)		nty) (State)
21D. TIME (Month) (Day) (Year) (Mour) 21E INJURY OCCU	RRED 21F. HOW DID INJURY OCCUR?	
m.	11 11 11 11 11	
22. I hereby certify that I attended the deceased from		
alive on .11-14 19 55 , and that death occurre	d at .7:15PM, from the causes and on the date	ATE SIGNED
Harry & Crawford	M. DESS Hospital Countridge hid.	nov.14 193
23 BURIAL CHEMATION, DATE THEREOF NAME OF CE	METERY OR CREMATORY LOCATION JEILS, LOWIN,	or edunty) (Stat
DATE REC'D BY LOCAL REGISTEAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR COL LA VI		

VS. A15-10-53

DECELVED V. S. WON 16 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10794

10795 CERTIFICATE OF DEATH

Reg. Dist. No. 1 16

	>		
	carefull legibly.	1. PLACE OF OGATH. COUNTY Orchester MARYLAND STATE WAY AND COUNTY SOMEWHAD	_
42 1	car leg	CITY II quiside corporate limits write RURAL, LENGTH OF STAY CITY, If quiside corporate limits write RURAL, and give neare	st town)
		OR and good warest town) the first place of Town Crisfield	en of the
	ati y a	HOSPITAL OR STREET (if rural give location)	- JA
	information clearly and	INSTITUTION OR Store State Hopisal ADDRESS	V
	inf	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Ye	ar)
	of ath	DECEASED: (Type or Print) DEATH: 11 - 17 19	55
****	it a	5. SEX. 6. COLOR OR 17 SINGLE MARRIED 8. DATE OF MATH: 9. AGE last birthday IF UNDER 1 VEAR 1F UNDER 1 VEAR 1	Min.
روا	every	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired): 11. BIRTHPLACE (Same or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
7	e c	13. FATHER'S NAME:	
BIND	Supply te the c	Henry Surfa Fillian	
	- 12	15. WAS DECHASED EVER IN U.S. ARMED BOACES? 15. SOPIAL SECURITY NO. 17-INFORMANT & ADDRESS:	
FOR	INK se w	(Yes: no. of unk.) (If Yes, give war of dates of service)	Tolo,
	and a	18. MEDICAL GERTIFICATION I DISPASSES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND	ETWEEN
N N	ADING s: plea	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	DEATH
		THINEDIALE CAUSE	7-
RES	UNF	ANTECEDENT CAUSE (S) DUE TO (Exhaustron due to chronic	
ARGIN 1	WITH it. Phys	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO MENTAL disease and mental	
MAR	- E	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	AINLY, importa	DISEASE OF CONDITION CAUSING DEATH	OPSY?
			NO
	RITE PL	(St. Company William Company Company Company Company (Company) (Company) (Company)	iate)
5	WR]	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
_	OR ie	22. I hereby certify that I attended the deceased from 6-27, 1955 to // 1955 that I last saw the deceased	eceased
60 60	다 면 합	alive on //- / 7 1955, and that death occurred at 8:15 pM, from the causes and on the date stated above	
-0	SE TYP	SIGNATURE DATE SIGNED	4-1-m
ī	SE	23. BURIAL, CREMATION, DAVE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	(State)
15	₹	BEMOVAL (SPECIFY)	21
≪.	PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS	11
S	p.A.q	REGISTRAR 2012 Oct of the Willes of Sandalland & Songe (by Willes)	17/1

TOUTING R'S

SSCI TO NON

1955

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

NO 3

(State)

Days | Hours 12. CITIZEN OF WHAT COUNTRY? U.S.

al records

(County)

	E 00	COUNTY DOTCHESCET MARYLAND STATE MG. COUNTY
6	ion-can	CITY (If outside corporate limits, write RURAL CITY(If outside corporate limits, write RURAL (in this place) X TOWN rural Cambridge 28 vrs.
	information clearly and	HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital
	뺥	3. NAME OF (First) (Middle) (Last) 4. DATE (Month OF (Type or Print) EDWARD TAYLOR DEATH: NOV
	ite	5. SEX. 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 9. AGE last birthday 15. Miles 16. COLOR OR 17. SINGLE. MARRIED. 17. Miles 17.
ING	every	OA. USUAL OCCUPATION (Give kind of working life. even if retired):
	pply the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
MARGIN RESERVED FOR MINDING	K. Supply write the c	William T. Taylor Anna Blake
	. Έ	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY ND. 17. INFORMANT & ADDRESS:
	INK se w	(Yes, no. or unk.) (If Yes, give war or dates unk. of service) none Eastern Shore State Hospit
		18. MEDICAL GERTIFICATION
	ADING	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
	10	421.4
	A 1	IMMEDIATE CAUSE (A) Chronic endocarditis
20	UNF	DUE TO
띭	5.5	ANTECEDENT CAUSE (S)
RGIN R	WITH UNFA	diseases or conditions, if any, Giving rise to the above cause stating underlying cause last. (B) Chronic myocardial degeneration due to
	ΥI	(C)
⋖	an a	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Σ	とは	TO THE DEATH BUT NOT RELATED TO THE
	7 0	DISEASE OR CONDITION CAUSING DEATH.
	AINLY, Wimportant.	19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
	-	
	PI Liy	21. ACCIDENT WAS INDERLYING 218. PLACE (Home, farm, factory, 21c, WHERE DID (City or town)

WRITE 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while 21F HOW DID INJURY OCCUR? OF "INJURY OR 22. I hereby certify that I attended the deceased from May, 19 52 to Nov. 8, 1955, that I last saw the deceased alive on Nov. 8

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

TYPE , 19 55, and that death occurred at 10:05 M, from the causes and on the date stated above.

21c. WHERE DID (City or town)

INJURY OCCUR?

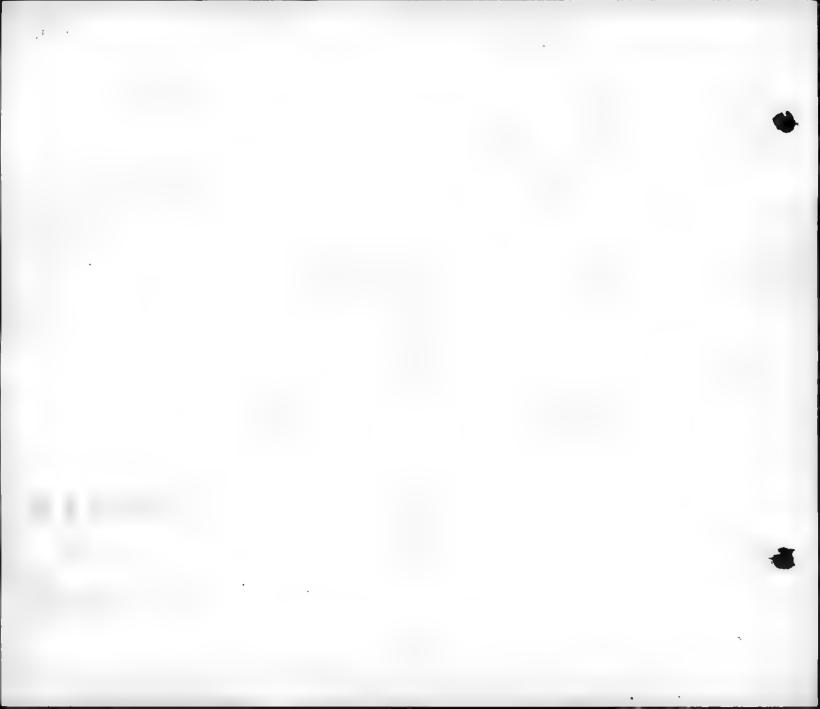
218. PLACE (Home, farm, factory,

OF INJURY street, office bldg., etc.

Cambri de 田 LOCATION (City, town, or county) 23. BURIAL, CREMATION. REMOVAL (SPECIFY)

The

ribly.



this this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10779 CERTIFICATE OF DEATH

10796

Reg. Dist. No. / / /a

I, PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY Dorchester	MARYLAND	STATE Maryla	nd county Doren	ester			
CITY (If outside corporate fimits, write RURA)	L LENGTH OF STAY		porate limits, write RURAL and give nea				
/ OR TOWN and Clambringe	To days	TOWN Wings		×			
HOSPITAL OR / INSTITUTION OR STREET ADDRESS CAMBRIDGE—Ma:	ryland Hospital	STREET ADDRESS Rura	(Il rural give location)	1			
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)			
(Type or Print) Etna.	Jones	Todd	OF DEATH NOV. 14,				
5 SEX 6. COLOR OR 7. SI	/IDOWED, DIVORCED.	TE OF BIRTH y 13,1889	9. AGE lest birthday IF UNDER Months				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	10b. KIND OF BUSINESS OR INDUSTRY OVEN home	11. BIRTHPLACE (State or for Chance, Md.	reign country)	2. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN	NAME				
Samuel Jones		Salije Willing					
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yas, no. prunk.) (H Yas, give war or dates of se			ADDRESS 5513 1 C. Harding, Balti	Pioneer Drive			
	18. MEDICAL	ERTIFICATION		INTERVAL BETWEEN			
2 DISEASES OR CONDITIONS DIRECTLY LEADING	G TO DEATH			ONSET AND DEATH			
Section 1 Section 1	Coronary Thrombo	sis, massive		3 minutes			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	Arterio Sclevosi	s, generalized		1 year +			
STATING ONDERTING CAUSE CAST. (C)	Diabetes 'ellitu	15		l year +			
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE D SEASE OR CONDITION CAUSING DEATH.	NG						
	OR FINDINGS OF OPERATION			20, AUTOPSY?			
OR CONTRIBUTING CAUSE OF DEATH OF IN	PLACE (Homa, farm, factory, JURY street, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town) (Cour	nty) (Stete)			
	EITHER, NOTIFY MEDICAL EXAMINER) I. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? Whila Supply Hole of Work of Work						
22. I hereby certify that I attended	the deceased fromll=5.	55, 19, to	l=14=55, 19 that I	last saw the deceased			
alive on11-14-55, 19	and that death occurred	i at 12:00 mpgon the	causes and on the date state	ed above.			
Eldridge H.	Dolf M.O.		ORESS (Street, city, town, state)	5 NIT 195			
REMOVAL (SPECIFY) (/	// 4/		LOCATION (Cily, town, or county	y) (Stete)			
	s SIGNATURE	Cemetery	Cambridge, Md.	ADDRESS			
DATE YOU 16 1955 - 404	on Y have . Yh. K	Bunth	P. Howas Cami	bridge, Md.			

Luneth Hornes.

RESERVED

Months 11. BIRTHPLACE (State or foreign country); 12. CITIZEN OF WHAT COUNTRY? ONSET AND 20. AUTOPSY? (County) (State) . 19 J., that I last saw the deceased M, from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) (State) MEMOVAL V(SPECIFY) DATE REC'D BY LOCAL REGISTRAR

(Day)

(Year)

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12601

CERTIFICATE OF DEATH

Reg. Dist. No. 1/6

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Dorchester MARYLAND	state Maryland county Dorchester
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give negrest town)
OR end give neerest town) (In this place)	OR TOWN G
Church Creek 15 years	L Chilman Chook
INSTITUTION OR Main Street STREET ADDRESS	STREET ADDRESS Main Street (H rurel give locetion)
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
(Type or Print) Levin Berry	Wingate DEATH Nov. 28, 1955
S. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. D.	ATE OF BIRTH 1873 9. AGE lost birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
S. SEX 6 COLOR OR 7. SINGLE, MARRIED, 8. D. Male White (Specify) WIGOWED MOD	th & Day unkown 82 yrs. Months Days Hours Min.
10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Siste or foreign country) 12. CITIZEN OF WHAT
dene during most of working life, even if or INDUSTRY retired Waterman retired tonging oysters,	etc Wingate COUNTRY U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Levin B. Winga te	Eliza Pritchett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	D. 17, INFORMANT & ADDRESS
(Yes, no, or unk) (If Yes, give wer or detes of service)	Raymond Wingate, Church Creek, Md.
	CERTIFICATION NTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
IMMEDIATE CAUSE (A) ARTERIOSCI	EROTIC HEART DISEASE 10 Frs
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	E
SENILITY	5 yrs.
TO THE RIGHIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. INTECTIONAL	DESTRUCTION
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, ferm, factory, OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Slete)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
M. While Not while et work et wark	
22. I hereby certify that I attended the deceased from 2-15	152 to 11-28- 1955 that I last saw the deceased
11-26- 1255	id at 11,00 M, from the causes and on the date stated above.
alive on and that death occurre	ADDRESS (Street, city, town, state) ADDRESS (Street, city, town, state) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	9 Race St., Cambridge, Maryland 11-30 OR CREMATORY LOCATION (City, town, or county) (State)
KEMOVAL ISPECIFYI	
	ily Cemetery Wingate, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE Let. 9 1956 The I have I D	Rewith K dloge Cambridge Md.



I

NSTRUCTIONS

hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USI	JAL RESIDENCI	E (HOME) OF D	ECEASED	
COUNTY Dorchester MARYL	AND STAT	Maryla	nd COUNTY	Dorche	ester
CITY (If outside corporate limits, write RURAL LENGTH OF OR end give nearest town) (in this pl	STAY CITY		fimits, write RURAL	and give nearest tow	n)
/3 TOWN Cambridge Lif		N Cambr	idge		13
HOSPITAL OR INSTITUTION OR	STRE		(H rural gi	ve locetion)	1
STREET ADDRESS 313 High St	700		igh Stre	et	
3. NAME OF (First) (Middle) DECEABED	(Last)		4. DATE (Mo	nth) (Day)	(Year)
(Type or Print) Lemuel	Woolfor	rd	DEATH N	ov 27	19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9,	AGE last birthdey	IF UNDER 1 YEAR	
Male Negro (Spacify) Widower	Dec-8-18	72	82 yrs.	Months Days	Hours Min.
IDe. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPL	ACE (State or foreign	country)		ZEN OF WHAT
retired) Plasterer	Dorel	nester-Co	o-Md.	USA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. FATHER'S NAME	14. MC	THER'S MAIDEN NA	ME		
William Woolford	La	ra Hughe	S		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17.	INFORMANT & ADD	RESS		
(Yas, no, or unk.) (If Yas, give war or datas of servica)	0	arroll H	lall-High	1 St-Cam	ib., Md.
	ICAL CERTIFICATI	ON			TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				01	NSET AND DEATH
420.0 MMEDIATE CAUSE (A)Card	iac Decomp	ensation			
ANTECEDENT CAUSE(S) DUE TO	and Annahamad a		- TI-onde	Disassa	
DISEASES OR CONDITIONS, (F ANY, (B) Hypertensi	Ae Wirelio	screrotr	e near-c	DISCUSE	
STATING UNDERLYING CAUSE LAST, DUE TO					
T OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
98. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION					2D. AUTOPSY?
Ria. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, ferm, factory	I 21- WHERE C	DID INJURY OCCUR?	(Ch., 1)	(County)	(Stata)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., atc.		IND INJURY OCCOR?	(City of Iown)	(Consty)	(219(9)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 210. INJURY OCCU	RRED 21f. HOW D	D INJURY OCCUR?			
M. stwork atw	while ork				
22. I hereby certify that I attended the deceased from	May 105	5 h Nov	27 10 55	that I lact o	and the deserve
alive on NOV 27. 19.557. and that death	occurred al	ADDRE	SS (Street, city, toy	uale sialeu abo vn, state)	DATE SIGNE
J. EDWIN FASSETT	M.D. 227 Pi	ne St. Co	mh Md _	Nomemb	an 20 1
23. BURIAL, CREMATION, DATE THEREOF NAME OF C	EMETERY OR CREMATORY	ne St-Car	OCATION (City, tow	rn, or county)	(State)
Burial 12-1-55 Bet	hel Cemete	ry	Cambrid	lge-Dor-	Co-Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		RAL DIRECTORS SIG		ADDRES	
12 12 29 1841 Alla Vhar	Y / WHA	& StoleK		High St	-Camb.
ATE 1/19 JUT 1935 PYCE 1/20	1 1 (XLEXYE	モイングパーラリー	THE WEEK-ELL	TT- Orr no	ouriso e à

MASYLAND STATE DEPARTMENT OF BEALTH-DAIRMORN, 18 CERTIFICATE OF DEATH AND STREET, ST Mary and the Control of the Control 9951 08 NON

SICIAN OR HOSPITAL. The law requires that the death certificate be executed within INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CITY (If or OR and	orcheste	222							-		
OR and TOWN 1	tside corporete limits,		MARYL		STATE Mary				ches		
HOSPITAL C	OR and give neerest town) (In this place)				CITY (Il outside corporate fimits, write RURAL and give neare OR TOWN Linkwood, Md.				sarest fown		X
INSTITUTION	inkwood		Life		STREET	twood,		ve location	1}		,
STREET ADD	OR RESS				ADDRESS						1
3. NAME OF	D		(Middle)		Lest)	4.	DATE (Mo		(Dey)	(Ye	ieľ)
(Type or Prin	Mel	7 <u>în</u> 7. SINGLE, M	Leon	YO 8. DATE OF	ung	0 405	DEATH]]	8 ER 1 YEAR	19 TIF UNDE	-
Male	Negro	1 WIDOWED	, DIVORCED, Married	2-22-		y. Auc	39 yrs.	Months	Deys	Hours	
10e. USUAL OCC	UPATION (Give kind most of working life	of work 10b.	KIND OF BUSINESS		BIRTHPLACE (Stale of	or foreign count	γ)		12. CITIZE	N OF WH	IAT
retirad) UI	remployed	3	OK INDUSTRI		Dorcheste		Md.		cons	SA'	
	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										
Robert Young Maude Rowley 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS											
(Yes, no, or unk.)	1	or dates of service)	214-16-		Mrs Mar		Woolfo	rd-I	inka	boot	M
DISEASES OR C	TECEDENT CAUSE(S) ONDITIONS, IF AN THE ABOVE CAUSE LYING CAUSE LAS	DUE TO									
TO THE DEATH	CANT CONDITIONS I BUT NOT RELATED TO ONDITION CAUSING	O THE									
190, DATE OF O	PERATION	196. MAJOR FINDIN	IGS OF OPERATION							AUTOP	
216. ACCIDENT WAS UNDERLYING 215. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)								•)			
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURED While Not white of work 21f. HOW DID INJURY OCCUR?											
					a, 19.55, to. 1						100
alive on	Nov. 8.	, 195.5	and that death	occurred at		the causes a	and on the	date stat		e. Date s	100
SIGNAT	VELI- M	acres -		M.D.		St-Ca					
	MATION, SPECIFY)	DATE THEREOF	I NAME OF	EMETERY OR C	EMATORY	LINCA	TION (City, tow		ful.		(Stel

AS SECURITION OF THE THREE TRANSPORTERS OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES OF THE SECURITION OF THE SECURITIES. 10787CERTIFICATE OF DEATH 191 motors 121 . Manhaman and market in the late of the attachmental hard lawsons assembly rawn are in A DVENERAL A E OFFICE VALUE OF A STATE OF THE STATE OF THE